

OVERSEAS CONTACT

Anda Martens (NI) Amélie Elie (Fr)
02 509 30 85 02 509 38 22

Stijn Blommaert (NI) Pascale Domken (Fr)
02 509 33 60 02 509 20 84

periodekeuitkeringen-osz@onsrszls.fgov.be
prestationsperiodiques-om@onsrszls.fgov.be

ADDRESS

Victor Hortaplein 11
1060 Brussels

A3 – CERTIFICATE OF EXTENSION OF INABILITY TO WORK

1. Name and address of the doctor	
2. Surname, first name and address of the victim	
3. Date of end of inability to work in the preceding certificate	___/___/_____
4. New period of expected temporary inability to work (tick the appropriate box)	Total inability to work for ___ ___ days, from ___/___/_____
	Partial inability to work of ___ ___ %, for ___ ___ days
5. Probable progress of the victim's lesions (tick the appropriate box)	Recovery without sequelae
	Recovery with sequelae, not involving permanent inability to work
	Persistence with probable inability to work of ___ ___ %
	Death
6. Have you any suggestion to make ? (Special treatment, operation etc.)	
7. Place where the victim is : (hospital or residence)	

I confirm on my honour that the present declaration is honest and complete.

Done at on ___/___/_____

(Doctor's signature and stamp)*

* Your data is processed in accordance with the Belgian Privacy Act of 8 December 1992. You can consult and correct your data at any time. These will be only be used to treat your demand.