



General Directorate VII Overseas Social Security - Section periodic benefits

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A5 – MEDICAL CERTIFICATE OF PERSISTENCE

1. Name and address of the doctor	
2. Surname, first name and address of the victim	
3. The lesions have become permanent since	
4. Description of the persistent lesions	
5. Probable percentage of permanent inability to work, according to the <i>Barème Officiel Belge des Invalidités (B.O.B.I.)</i> (Official Belgian Invalidity Scale)% (probable)
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.