NSSO | OVERSEAS SOCIAL SECURITY

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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.*