

## MEDICAL CERTIFICATE FOR VISA

The undersigned Doctor in medicine \_\_\_\_\_  
(full name)

**Certifies** that he/she has examined this day Mr./Mrs./Miss \_\_\_\_\_  
(full name)

Nationality \_\_\_\_\_

Date and place of birth \_\_\_\_\_

Residing at \_\_\_\_\_

**And has found him/her free of:**

1. **Illnesses requiring quarantine: cholera; bubonic plague, smallpox, yellow fever**
2. **Pulmonary tuberculoses, active or progressive**
3. **Syphilis**
4. **Other contagious or transmittable diseases by infection or parasites: typhus exanthema – febris recurrens – polio – epidemic influenza- typhoid and paratyphoid fever- salmonellosis – siphelloses – diphtheria – scarlet fever – contagious forms of leprosy – epidemic cerebro-spinal meningitis – febris undulans – puerperal streptococcus – pemphigus neonatorum – epidemic diarrhoea neonatorum – Erysipelas neonatorum - viral encephalitis – infectious hepatitis – rabies – haemorrhagic or non-hemorrhagic pyrexia caused by: arbo virus or toga virus, arena virus, rhabdo virus, rickettsioses, ornithosis, psittacosis, amoebic and other forms of dysentery, gonorrhoea, the illness of Nicolas & Favre - ulcus molle - infectious dermatitis, whooping cough, mumps, measles, rubella, chicken pox**
5. **Toxicomania**
6. **Blatant psychological aberrations; manifest states of psychotic behavior; delirious or hallucinatory psychosis**

Issued on \_\_\_\_\_ at \_\_\_\_\_

Signature of doctor \_\_\_\_\_

Stamp of doctor's office \_\_\_\_\_

<i>Visa de l'Ambassade ou du Consulat Général</i> <i>Visum van de Ambassade of het Consulaat-Generaal</i> <i>A/te _____ le/op _____</i>	<i>(Sceau/stempel)</i>
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