



Medical certificate for incapacity for work occurring during an annual holiday period

TO BE SENT IN A POSTAGED ENVELOPE TO THE FOLLOWING ADDRESS :

CERTIMED asbl
BP 10018 – 1070 BRUXELLES - BELGIUM

I, the undersigned, Doctor of Medicine, certify that I have interviewed this day :

- Surname and first name of patient :
- Patient's national identification number (on the back of the ID card) :
.....

I hereby declare the following :

This person is unable to work from ... / ... / 20 ... to ... / ... / 20 (inclusive) due to illness / accident.

This certificate of incapacity for work concerns :

- the onset of incapacity
- an extension of incapacity

Autorisation to leave home or place of residence : YES / NO

Identification of the doctor (with INAMI number if working in Belgium)

Signature :

Date : ... / ... / 20...

*The submission of this medical certificate by the worker means that he/she is asserting his/her right to carry forward holidays not taken due to incapacity for work which occurred during the holidays (in accordance with the Royal Decree of 30 March 1967 determining the general terms and conditions for the implementation of the laws on annual holidays for salaried workers), without this automatically implying an extension of the said holidays. **Except in cases of force majeure, this medical certificate must be sent to CERTIMED within 2 days of the onset (or extension) of the incapacity for work.***

