

OVERSEAS CONTACT

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ADDRESS

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A2 – CERTIFICATE OF INITIAL FINDINGS

1. Name and address of the doctor	
2. Surname, first name and address of the victim	
3. Description of the lesions (kind and nature of lesions and the parts of the body affected – fracture of the arm, contusions, internal lesions etc.)	
4. Temporary inability to work (tick the appropriate box)	No interruption of work
	Complete inability to work for ___ ___ ___ days, starting on ___/___/_____
	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. Does the inability to work result from the lesions themselves without the involvement of other causes?	Yes No
7. Are the lesions affected by the previous state of health of the victim?	Yes (short description) No
8. Have you any suggestion to make? (special treatment, operation etc.)	
9. Place where the victim is: (hospital or residence)	

I declare 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.