

MEDICAL CERTIFICATE
FOR VISA FOR FAMILY REUNIFICATION +COHABITATION
(art. 10 and 10bis of law of 15/12/1980)

The undersigned Doctor in medicine (full name)
Certifies that he/she has examined this day Mr./Mrs/Ms./Miss (full name)

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Nationality :
Date and place of birth
Residing at

And has found him/her free of one of the following illnesses as mentioned in part A of the annexe of the law of 15/12/1980 and representing a danger for public health :

- 1) Illnesses requiring quarantine as stated by the international health regulation n°2 dated 25 May 1951, of the World Health Organization;
- 2) Pulmonary tuberculose, active or progressive ;
- 3) Syphilis ;
- 4) Other contagious or transmittable diseases by infection or parasites if they are subject in the host country to provisions of protection of the nationals

Issued at on

Signature of doctor

Stamp of doctor's office.

If applicable,
Visa of the Embassy, Consulate general or Consulate (Seal)

At, on