



EUROPEAN UNION

ACCIDENT AND OCCUPATIONAL DISEASE INSURANCE

FOLLOW-UP CERTIFICATE

To be sent preferably electronically through the "contact us" button available on the website's accident page <https://myintracomm.ec.europa.eu/staff/EN/health/specific-events/Pages/accident.aspx>. A copy is sufficient, it is not necessary to send us the original by post. If you prefer the paper way, please send it to the following address: Health and Accident Insurance Unit - Accident Sector B-1049 Brussels

I, undersigned, Dr

.....
.....
.....(doctor's name and surgery address)

Declare that Mr /Mrs (*personnel No.....*)
Due to his / her accident / occupational disease of (*file No:.....*)

is still undergoing medical treatment and his / her state of health cannot be considered to have stabilised.

- Treatment under way (*must be filled in*):
.....
.....
- Likely date of stabilisation (if the date cannot yet be predicted, indicate the date on which the treatment under way will end):
.....

is no longer undergoing any therapy which will bring about an improvement and his / her state of health has stabilised (consolidated), with the following after-effects (numbered additional sheets may be attached):

.....
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.....

has recovered from the after-effects of his / her accident.

Date:

Signature and stamp
(*mandatory*)