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|  | **Certificat de report de la séance de mise à niveau pour des raisons médicales** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | MOW-04-210603 | | | |
|  | //////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////// | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Département de la Mobilité et des Travaux publics  **Politique de mobilité appliquée**  www.vlaanderen.be/terugkommoment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **A compléter par le participant** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Données personnelles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | prénom et nom | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | numéro de registre national | | | | | | | |  | | | | | |  |  | |  | |  |  | | | | | | | | | | | | | | | | | | | |
|  | numéro de téléphone | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | adresse e-mail | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Données relatives à la séance de mise à niveau | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | Je n’ai pas pris rendez-vous pour la séance de mise à niveau. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | J’ai pris rendez-vous pour la séance de mise à niveau le:  **Auprès de l’organisme suivant:** | | | | | | | | | | | | | | | | | | | | | | | jour | |  | | | mois | |  | année | |  | | |  | | |
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|  | Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Je déclare ne pas pouvoir assister à la séance de mise à niveau pour des raisons médicales et demander un report. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | date | | | | | | | | jour | | |  | | | | mois | | | |  | année | | |  | | | |  | | | | | | | | | | | | |
|  | signature | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **À remplir par le médecin traitant** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Données personnelles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | prénom et nom | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | numéro INAMI | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | rue et numéro | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | code postal et localité | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | adresse e-mail | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Date de début et de fin de la période endéans laquelle le participant ne peut pas assister à la séance de mise à niveau pour des raisons médicales | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Je soussigné, en ma qualité de médecin traitant du participant, déclare que le participant se trouve dans l’incapacité d’assister à la séance de mise à niveau pendant la période susmentionnée pour des raisons médicales. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Apposer votre cachet dans la case en regard. | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | date | | | | | jour |  | | | mois | | |  | | | | année |  | | | |  |
|  | signature | | | | |  | | | | | | | | | | | | | | | |  |