RÉPUBLIQUE FRANÇAISE
Liberté
Égalité
Fraternité

OFII
OFFICE FRANÇAIS DE L'IMMIGRATION ET DE L'INTÉGRATION

OFII SERVICE MEDICAL
OFFICE FRANÇAIS DE L'IMMIGRATION ET DE L'INTÉGRATION

MEDICAL CERTIFICATE

(This certificate satisfies health requirements set out in article R.431-18 of the code of entry and residence of foreigners)

Decree of 11 january 2006

I, the undersigned Dr……, Doctor of Medicine, Certify that I have examined

Mr/Ms…… Date of birth: DD/MM/YY
Place of birth……
Nationality : ……

Residing at : ……
……
……

Proof of identification (Identity card/passport/driving license) sighted YES ☐ NO ☐

I confirm that Mr/Ms ……..is

- is in good health
- is free from mental disorders with danger of disruption of public safety
- as of date DD / MM / YY, is fit for his …….. job.

Medical certificate issued in (place) : ……
Date : ……..

Doctors sign : ……

Registration number : ……..
Phone/email : ……

Doctor's identification / registration number (mandatory):