



Arrangement for the application of the European Agreement of 17 October 1980 concerning the Provision of Medical Care to Persons during Temporary Residence

Strasbourg, 26.V.1988

Annexes

Annex 1 – Competent authorities

No declaration has been received pursuant to Article 4.

Annex 2.A – Liaison Bodies

No declaration has been received pursuant to Article 4.

Annex 2.B – Parties whose institutions must be approached through the liaison bodies

No declaration has been received pursuant to Article 4.

Annex 3 – Competent Institutions

No declaration has been received pursuant to Article 4.

Annex 4 – Institutions of the place of temporary residence

No declaration has been received pursuant to Article 4.

Annex 5 – Provisions referred to in Article 5, sub-paragraph b, of this Arrangement

No declaration has been received pursuant to Article 4.

Annex 7 – Parties whose legislation is referred to in Article 6, paragraph 3, of this Arrangement

No declaration has been received pursuant to Article 4.

Annex 8 – Agreements concluded between Parties within the framework of Article 6 of the Agreement

No declaration has been received pursuant to Article 4.

Annex 9 – Parties whose competent authorities shall refund costs in accordance with the provisions of Article 9, paragraph 2, of this Arrangement

No declaration has been received pursuant to Article 4.

Annex 6 – Certificate of entitlement to medical care (1)

1. Person entitled (Surname, forename(s) and address) (2)

1.1. Registration or identification number (3).....
1.2. Date of birth

2. Members of the family (4)

	Surname	Forename(s)	Date of birth
2.1.1.
2.1.2.
2.1.3.
2.1.4.
2.2.	Permanent Address (5,2)		
		

3. If, according to medical opinion, the condition of any of the persons mentioned above necessitates immediate care during temporary residence in (6).....

he is/they are entitled to receive there such medical care as is required by his/their conditions.

4. This certificate is valid

- ☐ from..... to inclusive (7);
- ☐ in respect of sickness occurring up to inclusive; for weeks from the onset of sickness (7);
- ☐ from (7).

5. Institution responsible

5.1. Name	
5.2. Address (2)	
5.3. Stamp	5.4. Date
	5.5. Signature

Instructions

- 1 The certificate should be completed in block capitals by the institution responsible and handed to the person concerned or sent to the institution at the place of temporary residence if it was issued at the request of the latter.
- 2 Street, number, postal code, locality, country.
- 3 The registration number is the number given in certain countries to persons subject to social security legislation. The identification number is any other administrative or technical number enabling the person concerned to be identified.
- 4 To be filled in only if the members of the family have no personal entitlement to medical care.
- 5 To be filled in only if the address is different from the one given in section 1.
- 6 Specify the country or countries concerned.
- 7 The three entries are mutually exclusive. Give only whichever one applies and tick the appropriate box.