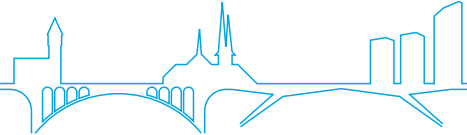
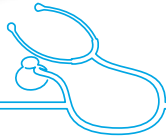




Application for an examination after a prolonged absence (accident) more than 6 week  
[art. 19 de la loi du 17 juin 1994]

Association pour la santé au travail du secteur financier



**Company**

Company Name : .....

**Salaried :**

Name: .....

Maiden name .....

First name .....

Social Security number : .....

Duration of sick leave : ..... days

Reason :  accident  disease

Mandatory medical examination at the request of the occupational physician.

Please bring your medical file.

Name of requester : .....

Date : .....

Signature :

.....

Please return this form by FAX to the ASTF at 22 80 81