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|  | **Attest van medische en psychische geschiktheid** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ANB-111-200320 |
|  | //////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////// | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | ***Wie vult dit attest in?***  *De arts die de medische en psychische geschiktheid van de deelnemer aan het praktisch jachtexamen heeft onderzocht, vult dit attest in.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Gegevens van de deelnemer aan het praktisch jachtexamen** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | *De geboortedatum en het geslacht hoeft u alleen in te vullen als de deelnemer aan het praktisch jachtexamen niet over een rijksregisternummer beschikt.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | nationaliteit |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | rijksregisternummer | |  | | |  | |  | | | |  | | |  | |  | | - | |  | | |  | | | | | |  | | | . | |  | | |  | | |  | | | | | | | |
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|  | geboortedatum | | | dag | | | | |  | | |  | | | maand | | | | |  | |  | | | | jaar | | | | | | | |  | |  | | |  | | |  | |  | | | | |
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|  | geslacht |  | | | | vrouw | | | | | | | | | | | | | | | | |  | | | | | man | | | | | | | | | | | | | | | | | | | | |
|  | voornaam |  | | | | | | | | | | | | | | | | | | | | | | | achternaam | | | | | | | | | | | | | | | | | | | | |  | | |
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|  | **Ondertekening** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Als arts verklaar ik dat ik de bovenvermelde persoon heb ondervraagd en onderzocht en dat die in staat is om een vuurwapen te hanteren zonder gevaar voor zichzelf of voor anderen.**  **Bij de bovenvermelde persoon zijn er geen fysieke of mentale tegenindicaties voor het voorhanden hebben van een vuurwapen.**  **De bovenvermelde persoon is alleen bekwaam om een vuurwapen voorhanden te hebben en te hanteren als hij zich fysiek en mentaal blijft manifesteren als op de datum van de ondertekening van dit attest.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | *Druk in het vak hiernaast uw stempel af.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
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|  | datum | | | | dag | | | | |  | | |  | | maand | | | | |  | |  | | | | jaar | | | | | | | |  | |  | | |  | | |  | |  | | | | | |
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|  | handtekening | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | voornaam | | | |  | | | | | | | | | | | | | | | | | | | | | | | | achternaam | | | | | | | | | | | | | | | | | |  | |
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|  | RIZIV-nummer | | | |  | | . | | | |  | | |  | |  | |  | |  | | . | | | | |  | | | | |  | | | . | |  | | |  | | |  | |  | | | |