  
Nimewo Kle Aplikasyon an: \_\_\_\_\_\_\_\_

**Deklarasyon Medikal pou Andikap**

Mwenmenm, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (non doktè oswa enfimye/enfimyè pratisyen an), isit la mwen sètifye ke pasyan mwen an, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, gen yon andikap medikal ki anpeche l egzèse nenpòt gwo anplwa, anplwa pou fè lajan. Kondisyon sa a te dire oswa li ta ka dire yon peryòd kontini douz (12) mwa youn apre lòt oswa plis, oswa li ka lakòz lanmò.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Siyati Doktè oswa Enfimye/Enfimyè Pratisyen an Dat**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nimewo Telefòn**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Adrès Lapòs Etablisman Medical la**

Mwenmenm, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, isit la mwen sètifye ke kounya m ap aplike pou oswa m ap konteste yon ansyen refi pou avantaj nan Administrasyon Sekirite Sosyal la pou yon andikap ki te dire oswa ki ta dwe dire yon peryòd kontini douz (12) mwa youn apre lòt oswa plis, oswa li ta ka lakòz. M ap atache yon kopi prèv aplikasyon mwen an oswa kontestasyon m nan pou refi avantaj sa yo. M konprann ke si m pa gen yon aplikasyon ki aktif oswa yon kontestasyon pou avantaj sa yo, mwen gendwa pa kalifye kòm yon moun ki gen yon andikap pou detèminasyon elijiblite pou Pwogram Asistans Enèji a.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Siyati Moun Nan Fwaye a Dat**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Siyati Reprezantan Ajans lan Dat**