

**CERTIFICATE
PROVISIONALLY REPLACING THE
EUROPEAN HEALTH INSURANCE CARD**

*as defined in Annex 2 to Decision n° 190 of 18 June 2003
concerning the technical specifications of the European Health Insurance Card*

Form identifier

Issuing Member State

1. E-□□□□

2. ☐ ☐

Card holder related information

3. Name:

4. Given Names:

5. Date of birth: □□/□□/□□□□

6. Personal identification number:

Competent institution related information

7. Identification number of the institution:

Card related information

8. Identification number of the card:

9. Expiry date: □□/□□/□□□□

Certificate validity period

a) From: $\square\square/(\square\square/\square\square)\square$

b) To:

Certificate delivery date

c) //

Signature and stamp of the institution

d)

Notes and information

All norms applicable to the eye-readable data included in the European card and related to the description, values, length and remarks of the data fields, are applicable to the certificate.

