

## MEDICAL CERTIFICATE

### SPECIAL HOUSING PROCEDURE

---

*The form below must be completed by an **authorized expert, determined per target group**. In the table at the bottom of this page you can find an overview of the target groups and corresponding experts.*

*The document should be returned to Social legal and financial support via the student. The data attested here will be processed and treated in accordance with the Belgian and European privacy legislation and in accordance with the provisions in the education and examination regulations of the institution.*

#### PART 1: EXPLANATION

##### 1. General

Students can be given priority to rent a VUB dorm room through a special housing procedure. This is only possible when a VUB room is essential to being able to successfully begin or complete the studies. Proof must be given that not having a VUB room will make the studies impossible.

**Medical and physical disabilities or social and psychological causes** may be at the basis of this. Financial arguments are not taken into account in this procedure.

##### 2. Target groups and authorized experts for attestation

The attestation has to be done by an authorized expert, determined for each target group. Only this expert may fill in and sign this form:

Target group	Authorized expert
Medical and physical disabilities	(Treating) doctor
Social and psychological causes	(Treating) (child and youth) psychiatrist, neurologist, neuropsychiatrist, certified psychologist or registered orthopedagogue, speech therapist;

##### 3. Privacy

The medical documentation is kept in the student's file by an advisor of Social legal and financial support. The data attested here will be processed and treated in accordance with the Belgian and European privacy legislation and in accordance with the provisions in the education and examination regulations of the institution.

##### 4. Contact

You may contact Social legal and financial support, should you still have questions, via [social.financial.support@vub.be](mailto:social.financial.support@vub.be) or +32 (0)2 629 23 15.

## PART 2: ATTESTATION

*The form below must be completed by an authorized expert.*

### STUDENT'S IDENTIFICATION INFORMATION

Student's name:

Date of birth:

Student number:

## SECTION A LOSS OF FUNCTION

### 1. Nature of the loss of function

I, the undersigned, confirm that the person identified above suffers from the following condition, disability or illness:

In the past year and to date, the following illness activity and (para) medical follow-up occurred:

- Illness activity (most recent flare-up, number of flare-ups in the last year, hospitalisations, emergency situations, ...):

- (Para) medical follow-up:

## 2. Registration requirements

Following the above, I **confirm** that:

- the loss of function is **permanent**: there is a non-existent or negligible chance of improvement (spontaneous or following treatment) that would lead the loss of function to no longer meet the conditions described above.
  
- the loss of function is (likely) of a **temporary** nature: there is an effective or expected loss of function, or a need for a preventive follow-up of at least 12 months, with an impact on housing possibilities.

<h3>SECTION B</h3> <h3>IMPACT ON HOUSING POSSIBILITIES</h3>
---

I hereby **confirm** that, as a result of a condition, disability or illness described in section A of this form, the above-named student has a loss of function in the functions listed below, resulting in the impact on housing possibilities:

#### 1. Loss of abilities

- **Psychomotor abilities**: posture, moving around, motoric (fine and gross motor skills, eye-hand coordination)  
Difficulties:

- **Energy**: energy levels, tiredness and sleep (quality, duration, falling asleep).  
Difficulties:

- **Mental stability:** resilience, stress management, assuming responsibilities, handling unexpected circumstances and crisis situations.

Difficulties:

- **Vital abilities:** sleeping, eating, concentration, personal care, pain.

Difficulties:

- **Social skills:** power to empathise, ability to ask for help, group interactions.

Difficulties:

- **Mobility:** moving around a building (including use of elevators etc.), moving between buildings at longer distances, using public transportation.

Difficulties:

## 2. Impact on housing

I confirm that for the aforementioned student a dorm room at the VUB is essential to start or successfully complete his/her studies. The private housing market cannot meet the needs of this student.

Reason:

**STAMP, DATE AND SIGNATURE  
OF THE AUTHORIZED EXPERT**

Date

Stamp

Signature

Accreditation number of the commission of psychologists (if applicable):

Registration number of the "Vlaamse Vereniging van Orthopedagogen" (if applicable):