

# MEDICAL CERTIFICATE

Please fill in this certificate and hand it back to the person who asks you to write the certificate. If she wishes to do so, she can then send the certificate to the Office of the Commissioner General for Refugees and Stateless Persons (CGRS) for her asylum procedure or, if she has been recognized as a refugee, for the follow-up procedure regarding "female genital mutilation" ("FGM"). Additional information about these procedures can be found on: <http://www.cgra.be/en/female-genital-mutilation>.

If you have questions on female genital mutilation in the framework of the asylum procedure or the follow-up procedure, please send an e-mail to [CGRA-CGV.S.FGM@ibz.fgov.be](mailto:CGRA-CGV.S.FGM@ibz.fgov.be).

Established on: _____ (date)	Established by: (doctor's details <b>(stamp)</b> )
In : _____ (place)	

I, the undersigned, \_\_\_\_\_ (doctor of medicine), hereby declare that I have **examined** Ms \_\_\_\_\_, born on \_\_\_\_\_ in \_\_\_\_\_,

and that I found the current situation to be as follows: (tick the relevant boxes)

She has **not** been subjected to any kind of female genital mutilation.



She has been subjected to female genital mutilation of **Type 1** (clitoridectomy), i.e. removal of the hood or prepuce of the clitoris, with partial or total removal of the clitoris.

The following parts have been cut (please specify if the cut is total or partial):

\_\_\_\_\_

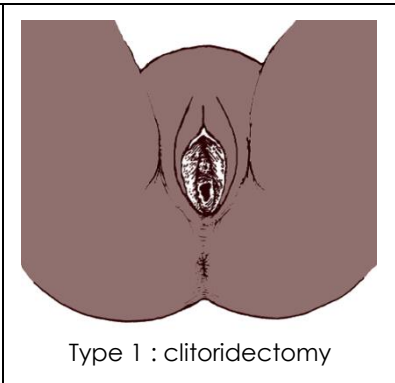
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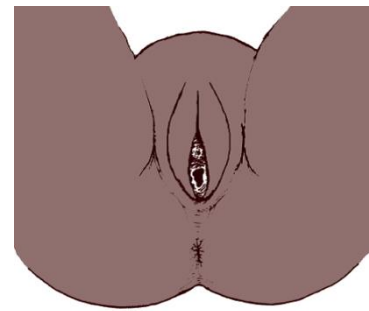
She has been subjected to female genital mutilation of **Type 2** (excision), i.e. partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora. As a result, scar tissue may cause (or has caused) partial narrowing of the vulvar orifice, to the effect that

(tick the relevant box)

- the urethral orifice remains uncovered
- the urethral orifice is covered but the vaginal orifice remains uncovered
- the urethral orifice is covered **and** the vaginal orifice is covered or partially narrowed

The following parts have been cut (please specify if the cut is total or partial):

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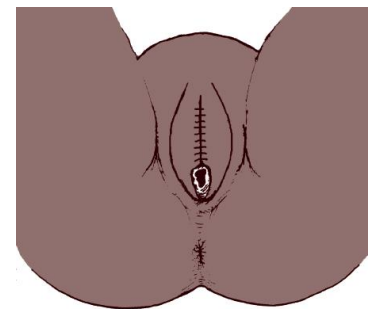


Type 2 : excision

She has been subjected to female genital mutilation of **Type 3** (infibulation), i.e. narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, sometimes through stitching, with or without removal of the clitoris.

The following parts have been cut (please specify if the cut is total or partial):

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Type 3 : infibulation

She has been subjected to FGM of **Type 3** (infibulation), and underwent **partial disinfibulation** / **complete disinfibulation** (delete as appropriate).

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She underwent **reconstructive surgery** (specify).

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She has been subjected to female genital mutilation of **Type 4**, i.e. all other harmful procedures such as pricking, piercing, incising, scraping and cauterization of the female genitalia, or a vaginal incision, in the present case:

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Medical consequences:

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Proposed treatment:

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DOCTOR'S SIGNATURE

Doctor's details (**stamp**):

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Signature :

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*The illustrations in this certificate were drawn by Clarice and are taken from the book « Mutilations génitales féminines : Guide à l'usage des professions concernées », Brussels, 2011.*