

**PROVISIONAL REPLACEMENT CERTIFICATE
OF THE
EUROPEAN HEALTH INSURANCE CARD**

*as defined in Annex 2 to Decision No S2
concerning the technical specifications of the European Health Insurance Card*

Issuing Member State

1.

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: .../.../.....
(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.