

GENERAL MEDICAL CERTIFICATE

Legal name (write *exactly* as it appears in your passport) _____

First/given name: _____

Family/surname: _____

Permanent home address: _____

Date and place of birth (dd/mm/yyyy) _____

The patient mentioned above is at present free from infectious diseases and is in good physical and mental condition. There are no medical objections to a stay as a medical student abroad.

Please circle the appropriate answer below	Examination date*	Result
AIDS* : (HIV infection can only be detected after 3 months) Please attach HIV serologic test result!		negative / positive
Hepatitis-B* : Please attach the copy of your vaccination card / in the lack of vaccination card, documentation about your antibody protection!		card attached / protection level: IU/I
Hepatitis-B* : (HBV infection can only be detected after 3 months) Please attach HBV serologic test result.		negative / positive
Hepatitis-C* : (HCV infection can only be detected after 3 months) Please attach HCV serologic test result!		negative / positive
Chest X-ray : Please attach the chest's X-ray result (not the film!) in English/Hungarian! (not older than 3 months)		negative / positive

**Please note: tests have to be taken within a year!*

Remarks:

Any chronic diseases the patient is being treated for: _____

Special needs: _____

NAME AND ADDRESS OF THE DOCTOR:

PLACE AND DATE:

SIGNATURE AND STAMP OF THE DOCTOR:
