

**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 student abroad.*

<b>Please circle the appropriate answer below</b>	<b>Examination date*</b>	<b>Result</b>
<b>AIDS*</b> : (HIV infection can only be detected after 3 months) Please attach HIV serologic test result!		negative / positive
<b>Hepatitis-A*</b> : (HAV infection can only be detected after 3 months) Please attach HAV serologic test result.		negative / positive
<b>Hepatitis-B*</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
<b>Hepatitis-B*</b> : (HBV infection can only be detected after 3 months) Please attach HBV serologic test result.		negative / positive
<b>Hepatitis-C*</b> : (HCV infection can only be detected after 3 months) Please attach HCV serologic test result!		negative / positive
<b>Chest X-ray</b> : 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:

\_\_\_\_\_