GENERAL MEDICAL CERTIFICATE

Legal name (*written exactly as it appears in 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.

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/l
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:

_____