

## 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 above mentioned 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>Examination date/ vaccination date</b>	<b>Result (<i>underline the relevant</i>)</b>
<b>AIDS:</b> (HIV infection can only be detected after 3 months). Please attach HIV serological test result!		negative/positive
<b>Hepatitis B:</b> Please attach the copy of your vaccination card/in the lack of vaccination card, attach documentation about your antibody protection!		negative/positive
<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 month). Please attach HCV serologic test result!		negative/positive
<b>Chest X-ray:</b> Please attach the chest X-ray result (not the film) in English/Hungarian! (not older than 3 months).		negative/positive
Has the patient been vaccinated against <b>diphtheria, tetanus, and pertussis vaccine</b> ?		YES/NO
Has the patient been vaccinated against <b>MMR (measles, mumps, and rubella)</b> ?		YES/NO
Has the patient undergone <b>Coronavirus (COVID-19)</b> ?		YES/NO

**Please attach laboratory test results for each infection type!**

**I hereby declare that the information provided in this form is correct.**

**Remarks:**

Any Chronic diseases the patient is being treated for: .....

Special needs: .....

**Name and address of the doctor:**

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**Place and date:**

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**Signature and stamp of the doctor:**

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