

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.

| | Examination date/ vaccination date | Result (<i>underline the relevant</i>) |
|--|---|---|
| AIDS: (HIV infection can only be detected after 3 months). Please attach HIV serological test result! | | negative/positive |
| 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 month). Please attach HCV serologic test result! | | negative/positive |
| Chest X-ray: 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 diphtheria, tetanus, and pertussis vaccine ? | | YES/NO |
| Has the patient been vaccinated against MMR (measles, mumps, and rubella) ? | | YES/NO |
| Has the patient been vaccinated against typhoid ?* Please note that vaccination is compulsory. | | YES/NO |
| Has the patient undergone Coronavirus (COVID-19) in the past two years? (if yes, when) | | YES/NO |
| Has the patient been vaccinated against Coronavirus (COVID-19) ? | | YES/NO |

Please attach laboratory test results for each infection type!

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

*- To be filled out only in case of endemic countries.

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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