

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* : tested / non-tested (HIV infection can only be detected after 3 months)		negative / positive
Hepatitis-B : Please attach the copy of your vaccination card!		negative / positive
Hepatitis-C* : tested / non-tested		negative / positive
Chest X-ray* : Please attach the chest's x-ray result, not the image! (not older than 3 months)		negative / positive

**Please note: tests have to be taken after 1st January 2017*

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:

In case of any controversy the examinations may have to be repeated at the University of Pécs Medical School in Pécs, Hungary.