

General Medical Certificate

Full name of the applicant (*as it appears in the passport*):

Date and place of birth (dd/mm/yyyy):

Nationality:

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 stay as a student abroad.

Type of medical test or vaccination	Examination date/ vaccination date	Result <i>(underline the relevant one)</i>
Chest X-ray		negative/positive

Serological tests

AIDS/HIV		negative/positive
Hepatitis B		negative/positive
Hepatitis C antibody (anti-HCV/ HCV Ab)		negative/positive

Vaccinations

If the patient is not vaccinated, please organise the vaccination before arriving in Hungary.

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 been vaccinated against poliomyelitis ?		YES/NO
Has the patient been vaccinated against Coronavirus (COVID-19) ?**		YES/NO

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

** Please note that it is a mandatory vaccination. It is not possible to start your scholarship status without it.

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:

Place and date of issue:

Signature and stamp of the doctor:

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