

## GENERAL MEDICAL CERTIFICATE

**LEGAL NAME** (*WRITE NAME EXACTLY AS IT APPEARS ON OFFICIAL DOCUMENTS*)

FIRST/GIVEN NAME: \_\_\_\_\_

FAMILY/SURNAME: \_\_\_\_\_

PERMANENT HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

DATE AND PLACE OF BIRTH (*MM/DD/YYYY*): \_\_\_\_\_

The patient mentioned above is at present free from signs and symptoms of infection and is in good physical and mental condition. There are no medical objections to a stay as a medical student abroad.

**Remarks:**

\_\_\_\_\_

\_\_\_\_\_

NAME AND ADDRESS OF THE DOCTOR:

\_\_\_\_\_

PLACE AND DATE:

\_\_\_\_\_

**SIGNATURE AND STAMP** / REGISTRATION NUMBER OF THE DOCTOR:

\_\_\_\_\_

Please note that University of Szeged, Faculty of Medicine / Dentistry / Pharmacy requires the following medical documents **after acceptance**:

- **Hepatitis-B blood test result** (Anti-HBsAg >20 mIU / ml - only valid within five years)  
or **Hepatitis B vaccinations** (indicating your name, dates of vaccinations and type of the serum: minimum of 2 shots required - only valid within 10 years)
- **Hepatitis-C test result**
- **HIV test result** (HIV infection can only be detected after 3 months.)
- **Copy of your Vaccination Card or Immunization Records** issued by your GP
- **Chest X-ray result** (CD/X-ray is not required)

**Important notice:** medical tests have to be taken **after January 1, 2015**.

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