

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 test** (Vaccination card has to be attached)
- **Hepatitis-C test**
- **HIV test** (HIV infection can only be detected after 3 months.)
- **Vaccination Card** (if available)
- **Chest X-ray result**

Important notice: medical tests have to be taken **after January 1, 2014**. In case of any controversy the examinations may have to be repeated at the University of Szeged, Faculty of Medicine, Szeged, Hungary.