**General Medical Certificate**

**for**

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

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

I the undersigned:

Full name of the doctor (*as it appears in the passport*): ..…………………………………………………….….......

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

Place/institution of practice: ................................................................................................................................

Hereby declare that:

1, I have conducted the necessary medical examinations and tests, have checked the list of required vaccinations (listed in the checklist below),

2, the above mentioned applicant has received all the prescribed vaccinations, is at present free from infectious diseases and is in good physical and mental condition.

3, There are no medical objections to stay as a student abroad.

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

**Remarks** (Any chronic diseases of the patient requiring special needs):

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Special needs: ………………………………………………………………………………...…………………………..

**Place and date of issue**: **Signature and stamp of the doctor**:

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**Medical checklist:**

* Chest X-ray
* AIDS/HIV serological test
* Hepatitis B serological test
* Hepatitis C antibody (anti-HCV/ HCV Ab) serological test
* Prescribed vaccinations:
  + Coronavirus (COVID-19)
  + diphtheria
  + measles
  + mumps
  + pertussis
  + poliomyelitis
  + rubella
  + tetanus
  + typhoid\*