

## Medical certificate

Full name (as it appears on passport):

Date of Birth:

Nationality:

Please, circle the appropriate answer below	Examination/vaccination date	Result
<b>AIDS:</b> (HIV infection can only be detected after 3 months) Please, attach HIV serologic test result.		negative / positive
<b>Hepatitis-B:</b> (HBV infection can only be detected after 3 months) Please, attach HBV serologic test result.		negative / positive
<b>Hepatitis-C:</b> (HCV infection can only be detected after 3 months) Please, attach HCV serologic test result.		negative / positive
<b>Chest X-ray:</b> Please, attach the chest's X-ray result (not the film) in English / Hungarian (not older than 3 months).		negative / positive
Has the patient been vaccinated against <b>diphtheria, tetanus and pertussis vaccine?</b>		YES/NO
Has the patient been vaccinated against <b>MMR (measles, mumps, rubella)?</b>		YES/NO
Has the patient been vaccinated against <b>typhoid?*</b> Please note that vaccination is compulsory.		YES/NO
Has the patient undergone <b>COVID-19</b> infection?		YES/NO
Has the patient been vaccinated against <b>Coronavirus (CoViD-19)?</b>		YES/NO

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

Date of issue:

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examining physician