

MEDICAL CERTIFICATE OF HEALTH STATUS

Medical examination has to be taken **not earlier than 1 November** for enrolment for the next academic year

FULL NAME (*write the name in block letters exactly as it appears in the passport*)

GIVEN (FIRST) NAME: _____

FAMILY (SURNAME): _____

DATE AND PLACE OF BIRTH (*dd/mm/yyyy*): _____

GENDER:

Female Male Other

- I am a physician (or equivalent) of the applicant

Yes No

- Is the applicant at present free from signs and symptoms of an infection and is in good physical and mental condition to undertake studies in medicine abroad?

Yes No

Remarks: _____

- Does he/she suffer from any learning disabilities? Yes No

If 'Yes', specify them: _____

- Is there any data about a history of tuberculosis, its diagnostic findings or treatment

Yes No

Chest x-ray findings _____

Date _____

General conclusion: In my expert opinion, general health status of the patient is:

Excellent Good Fair Poor

Remarks: _____

Vaccinations	Please indicate the year of vaccinations done					
	1 st	2 nd	3 rd	4 th	Last	Not known
TD-tetanus/diphtheria						<input type="checkbox"/>
Hepatitis B						<input type="checkbox"/>

I certify that information presented above is correct according to my personal expertise and medical records.

PHYSICIAN (or equivalent):

NAME: _____

PLACE AND DATE: _____

SIGNATURE

STAMP / REGISTRATION NUMBER OF THE
PHYSICIAN (or equivalent)