



## **MEDICAL CERTIFICATE**

**Please attach all test results in English, based on this report is filled.**

### **PERSONAL DETAILS**

(These should exactly be the same as they appear in the applicant's/student's passport)

**First / given name(s):**

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**Family name(s) / surname(s):**

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**Permanent home address:**

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**Date of birth (DOB): (dd/mm/yyyy):**

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**Place of birth (city, province, country):**

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### **PAST MEDICAL HISTORY**

**Previous diseases of the applicant/student:**

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**Chronic diseases, pre-existing conditions known:**

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**Detailed medications:**

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**Allergies:**

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**Remarks / Special recommendations / Special needs:**

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**VACCINATIONS** (with exact times of the immunization given):

(If the patient is not vaccinated, please consider vaccination before arriving in Hungary)

**Morbilli (measles)** \_\_\_\_\_

**Pertussis (whooping cough)** \_\_\_\_\_

**Poliomyelitis** \_\_\_\_\_

**Hepatitis B** \_\_\_\_\_

**SEROLOGICAL TESTS** (time of testing and titer within 12 months):

**Morbilli antibody (IgG) titer** \_\_\_\_\_

if its negative/equivocal, a booster dose of MMR vaccine should be administered

**HIV** \_\_\_\_\_

**Syphilis** \_\_\_\_\_

**HBsAg** \_\_\_\_\_

**Anti-HCV** \_\_\_\_\_

**BLOOD TESTS** (time of testing and result within 12 months):

**Blood count** ..... **Normal / Abnormal**

**Fasting blood glucose** ..... **Normal / Abnormal**

**Liver transaminases (AST-GOT, ALT-GPT)** ..... **Normal / Abnormal**

**Kidney function (BUN, creatinine, GFR)** ..... **Normal / Abnormal**

*Please attach the results.*

**URINE TEST** (time of testing and result within 12 months):

**Normal / Abnormal**

*Please attach the results.*



**TUBERCULOSIS (X-ray report or Quantiferon (IGRA) blood test within 12 month):**

**Negative / Positive**

*Please attach the results.*

**DOCTOR'S STATEMENT**

I, the undersigned Dr \_\_\_\_\_ (Doctor of Medicine; registration number: \_\_\_\_\_ ;  
phone number: \_\_\_\_\_ ), after examining the applicant/student hereby certify under penalty of perjury  
that the foregoing is true and correct to the best of my knowledge.

PLACE AND DATE: \_\_\_\_\_

\_\_\_\_\_  
DOCTORS' SIGNATURE AND STAMP

*Take note, University of Debrecen reserves the right to check the validity of any of the results and may order retesting  
for any of the laboratories or conditions above, which may lead to further action.*