UNIVERSITY of DEBRECEN

H-4032 Debrecen, Nagyerdei krt. 94.
Tel.: + 36 52 258-058, 258-056 • Fax: + 36 52 414-013
E-mail: info@edu.unideb.hu

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):

Family name(s) / surname(s):

Permanent home address:

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

Place of birth (city, province, country):

PAST MEDICAL HISTORY

Previous diseases of the applicant/student:

Chronic diseases, pre-exististing conditions known:

Detailed medications:

Allergies:

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 _____

Typhoid fever _____

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.

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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.