

MEDICAL CERTIFICATE

SURNAME: _____

NAME: _____

ADDRESS: _____

DATE AND PLACE OF BIRTH: _____

The patient mentioned above is at present free from infectious diseases and is in good physical and mental condition. There are no medical objections to a stay as a medical student abroad.

AIDS: tested / non-tested	negative / positive
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Remarks:

NAME AND ADDRESS OF THE DOCTOR:

PLACE AND DATE:

SIGNATURE AND STAMP OF THE DOCTOR:
