

GENERAL MEDICAL CERTIFICATE

First / given name:

.....

Family name / surname:

.....

Permanent home address:

.....

Date (dd/mm/yyyy) and place of birth:

.....

(written exactly as it appears in passport)

I, Dr. (address:
.....) after examining the
patient, certify that he/she is at present free from infectious diseases, and has no disease or physical
or mental infirmity unfitting him/her now or likely to unfit him/her in the future for participation in a
training program as a student abroad.

Any chronic diseases the patient is being treated for:

Remarks / Special recommendations / Special needs:

.....

.....

PLACE AND DATE:

DOCTORS' SIGNATURE, SEAL AND

STAMP:.....

Declaration by the patient: I declare that all the statements above are true and correct to the best of
my knowledge. I fully understand that I am responsible for the accuracy of all statements given.

PLACE AND DATE:

SIGNATURE OF THE PATIENT.....