

Medical certificate

Full name (as it appears on passport):

Date of Birth:

Nationality:

Please, circle the appropriate answer below	Examination/vaccination date	Result
AIDS: (HIV infection can only be detected after 3 months) Please, attach HIV serologic test result.		negative / positive
Hepatitis-B: (HBV infection can only be detected after 3 months) Please, attach HBV serologic test result.		negative / positive
Hepatitis-C: (HCV infection can only be detected after 3 months) Please, attach HCV serologic test result.		negative / positive
Chest X-ray: Please, attach the chest's X-ray result (not the film) in English / Hungarian (not older than 3 months).		negative / positive
Has the patient been vaccinated against diphtheria, tetanus and pertussis vaccine?		YES/NO
Has the patient been vaccinated against MMR (measles, mumps, rubella)?		YES/NO
Has the patient been vaccinated against typhoid?* Please note that vaccination is compulsory.		YES/NO
Has the patient undergone COVID-19 infection?		YES/NO
Has the patient been vaccinated against Coronavirus (CoViD-19)?		YES/NO

I hereby declare that the information provided in this form is correct.

Date of issue:

examining physician

The present certificate is a compulsory document to be submitted during application to the Hungarian Diaspora Scholarship. Tempus Public Foundation manages applicants' data based on the Privacy Statement for data management in connection with the Hungarian Diaspora Scholarship Programme in force.

*- To be filled out only in case of endemic countries