



UNIVERSITY of
DEBRECEN

MEDICAL CERTIFICATE

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-existing conditions known:

Detailed medications:

Allergies:

Remarks / Special recommendations / Special needs:



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VACCINATIONS (with exact times of the immunization given)

Morbilli (measles)

Pertussis (whooping cough).....

Poliomyelitis

Hepatitis B

Typhoid fever

SEROLOGICAL TESTS (time of testing and titer within 3 months)

Morbilli antibody (IgG) titer
if its negative/equivocal, a booster dose of MMR vaccine should be administered

HIV

Syphilis

BLOOD TESTS (time of testing and result within 3 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.



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URINE TEST (time of testing and result within 3 months)

Normal / Abnormal

Please attach the results.

TUBERCULOSIS (X-ray report or Quantiferon (IGRA) blood test within 1 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.