

GENERAL MEDICAL CERTIFICATE

Legal name (written exactly as it appears in passport)

First/given name: AJAY

Family/surname: PALATHARA SHIBU

Permanent home address: ARACKAMATTATHIL HOUSE, KOTTAAYAM SOUTH P.O. Kodimatta

Date and place of birth (dd/mm/yyyy) 26.04.2003 KIDANGUDUR

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 student abroad.

Please, circle the appropriate answer below	Examination date*	Result
AIDS* : (HIV infection can only be detected after 3 months) Please, attach HIV serologic test result.	2/4/2024	negative / positive
Hepatitis-B* : Please, attach the copy of your vaccination card / in the lack of vaccination card, documentation about your antibody protection.	2/4/2024	card attached/protection level: 3.10. IU/l
Hepatitis-B* : (HBV infection can only be detected after 3 months) Please, attach HBV serologic test result.	2/4/2024	negative / positive
Hepatitis-C* : (HCV infection can only be detected after 3 months) Please, attach HCV serologic test result.	2/4/2024	negative / positive
Chest X-ray : Please, attach the chest's X-ray result (not the film) in English / Hungarian (not older than 3 months).	2/4/2024	negative / positive

*Please note: tests have to be taken within a year!

Remarks:

Any chronic diseases the patient is being treated for: NIL

Special needs: _____

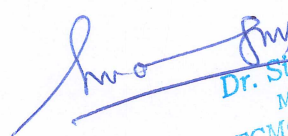
NAME AND ADDRESS OF THE DOCTOR:

Dr Sindhu G Nair, Consultant in Medicine, General Hospital Kottayam

PLACE AND DATE:

Kottayam 3/4/2024

SIGNATURE AND STAMP OF THE DOCTOR:


Dr. Sindhu. G. Nair
MBBS MD (Medicine)
TCMC Reg. No. 24748
Consultant in Medicine
Kerala Govt. Health Services