



GENERAL MEDICAL CERTIFICATE

Legal name (written exactly as it appears in passport)

First/given name: RISHAL MULLA KARIYATH

Family/surname: MULLA KARIYATH

Permanent home address: HASEENAS, NEARALOO PALLI PO VALAPATTANAM, KANNUR

Date and place of birth (dd/mm/yyyy) 04/06/2006

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.	01/06/2024	negative / <del>positive</del>
Hepatitis-B*: Please, attach the copy of your vaccination card / in the lack of vaccination card, documentation about your antibody protection.	Started vaccination schedule 13/06/24	card attached/protection level: IU/I
Hepatitis-B*: (HBV infection can only be detected after 3 months) Please, attach HBV serologic test result.	06/06/2024	negative / <del>positive</del>
Hepatitis-C*: (HCV infection can only be detected after 3 months) Please, attach HCV serologic test result.	11/06/2024	negative / positive
Chest X-ray: Please, attach the chest's X-ray result (not the film) in English / Hungarian (not older than 3 months).	01/06/2024	negative / <del>positive</del>

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

Remarks:

Any chronic diseases the patient is being treated for: NO.

Special needs: Not Applicable.

NAME AND ADDRESS OF THE DOCTOR: DR. SONU. B. NAIR  
FHC VALAPATTANAM, KANNUR DISTRICT, KERALA

PLACE AND DATE: 14/06/2024

SIGNATURE AND STAMP OF THE DOCTOR:

Sonu B Nair  
മുഖ്യകമ്മീഷണർ  
കുടുംബാരോഗ്യകേന്ദ്രം  
വളപട്ടണം

