GENERAL MEDICAL CERTIFICATE

Legal name (written exactly as it appears in passport)		
First/given name: ALEN	Page	4
Family/surname: PAYATTUMPARAMPIL	SUNIL	
Permanent home address: PAYATTUMPARAMPIL HO	OUSE THACAVADY	SOUTH PO ALAPPUS
Date and place of birth (dd/mm/yyyy) 15.04, 2003	THIRUVALLA	4.
The patient mentioned above is at present free from in mental condition. There are no medical objections to a st		3 1 1
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.	21/5/2024	negative / positive
Hepatitis-B* : Please, attach the copy of your vaccination card / in the lack of vaccination card, documentation about your antibody protection.	21/5/2024	card attached/protection level:
Hepatitis-B* :(HBV infection can only be detected after 3 months) Please, attach HBV serologic test result.	21/5/2024	negative / positive
Hepatitis-C* : (HCV infection can only be detected after 3 months) Please, attach HCV serologic test result.	21/5/2024	negative / positive
Chest X-ray : Please, attach the chest's X-ray result (not the film) in English / Hungarian (not older than 3 months).	27/5/2014	negative / positive
*Please note: tests have to be taken within a year! Remarks: Any chronic diseases the patient is being treated for: Special needs: Vacuation for Hepalin B.		
NAME AND ADDRESS OF THE DOCTOR:		
DY SINDHU G. NAIR. SRISAILAM,	PARK CANE K	KROAD KUTTAYAM
PLACE AND DATE: KOTTAYAM 24/05	12024	
SIGNATURE AND STAMP OF THE DOCTOR: Dr. Sindhu. MBBS MD TCMC Reg. TCMC Reg. Tompla Gout.		
Consultant Consultant	Health So	