Semmelweis University
Faculty of Health Sciences
Foreign Students Secretariat

MEDICAL REPORT

for registration

PERSONAL DETAILS

Student's name	
Program	
Place of birth	(city, country)
Date of birth	(dd/mm/yyyy)
Mother's maiden name	

MEDICAL DETAILS

Accute and/or chronic illness				
Regular and/or temporary medication				
History of any significant past illness, surgery				
Family case studies	Diabetes	TBC	Cancer	other
Parents'family				
Siblings				

VACCINATIONS

Hepatitis B vaccinations received	Yes/No (please underline)		
Date of Hepatitis B vaccinations	1.	2.	3.
Childhood vaccinations			
COVID-19 vaccination	1.	2.	3.
Other vaccinations			

Please attach the vaccination chart in English

REQUIRED TEST RESULTS

Chest X-ray (Not older than 1 year)	Date:	Result:
HIV test (Not older than 3 months)	Date:	Result:
Hepatitis B test (Anti Hbs) (Not older than 3 months)		
Hepatitis C test (Not older than 3 months)	Date:	Result:

Please attach the examination results in English

In case I experience any symptoms of contagious illness/any other serious illness, I report it at the Medical Center of the Faculty. I hereby certify that all information provided by me is accurate and complete, I do not have any hidden illnesses.

Budapest, ________________________(dd/mm/yyyy)   Signature:____________________________________