

MEDICAL CERTIFICATE

For foreign citizens applying to the educational establishments of the
Republic of Belarus

1. Surname, Name _____

2. Sex _____ 3. Year, Month, Date of Birth _____

4. Place of birth _____

5. Address _____

6. Acquired diseases (diphtheria; acute viral hepatitis; poliomyelitis; malaria; scarlatina; measles; brucellosis; dysentery; typhus and other infectious and parasitic, chronic and hereditary diseases): _____

7. Mental diseases, alcoholism, narcotism _____

8. Height _____ Weight _____ Arterial pressure _____

Blood group _____

9. Doctor's conclusions

Otolaryngologist _____

Surgeon _____

Neuropathologist _____

Stomatologist _____

Dermatologist _____

Psychiatrist _____

Gynaecologist _____

Tuberculosis specialist _____

10. X-ray examination of thorax _____

11. Electrocardiogram _____

12. Laboratory examination (syphilis, AIDS) date and result _____

13. Vaccinations (indicate type and date of inoculation) _____

14. Therapist's conclusion _____

Doctor's signature _____ L.S.

Date _____