

CERTIFICATE

Of HIV-infection test negative results

Personal Data Patient

1. Full name _____
2. Date of birth _____
3. Passport number _____
4. Validity of passport _____
5. Nationality _____
6. Period of stay in the country _____

HIV-INFECTION BLOOD TEST

1. Date of test _____
2. Doctor's signature _____
3. Diagnostic method
and type of medicine
used for the test _____
4. Test result _____
5. Stamp of the hospital

Signature of the applicant _____

This certificate is valid for 3 months from the date of this test