

HEALTH SCREENING QUESTIONNAIRE DECLARATION

(After completing the Health Screening Questionnaire (Excel file) please read and sign this document as well. We only accept the two documents together!)

Dear Madam/Sir,

In the case of foreign scholarship students coming to Hungary, before they begin their studies, it is necessary to assess whether they carry a latent disease that could endanger the community.

We would like to ask you to complete the **Health Screening Questionnaire** (hereinafter: questionnaire) in which you declare your general health, your illnesses and your previous vaccinations, based upon your medical proofs or to the best of your knowledge.

Furthermore, as a condition for participating in the training, you may undergo an additional general medical screening examination after your arrival in Hungary, in case the Ministry of Foreign Affairs and Trade of Hungary or KKM Magyar Diplomáciai Akadémia Ltd. or an occupational health professional in a contractual relationship with the training institution considers this necessary based on your completed questionnaire and all of your test results attached.

By signing this document, you consent to the following medical examinations being carried out:

- blood test to detect previous viral diseases (infectious hepatitis A, hepatitis B, hepatitis C, AIDS-HIV)
- lung screening (chest x-ray) to look for signs of pulmonary tuberculosis
- for additional health examinations and tasks justified as a condition for participation in the training

Please help our medical work by filling in the questionnaire as accurately as possible.

For your safety and health, it is important that your answers are accurate and do not withhold any information.

In case of any positive (“yes”) answers, please give additional information in the blank space provided.

After completion, please attach your medical proofs indicated in the questionnaire (vaccination documents, blood test results, lung screening results, etc.)

You can be assured that the information you provide will remain confidential.

Thank you for your cooperation.

DECLARATION

I declare that the information provided by me is accurate. If there is any change in my medical condition, I will inform the training institution immediately. I consent to the use and storage of my data provided in the questionnaire by health inspectors and screeners.

Date:.....

signature

legible (printed) name