

County
City BUCHAREST
Sanitary unit: Individual Medical Practice
Personal number 1990111460031

Sheet no./consultation register no.
3942/06.07.2018

MEDICAL CERTIFICATION

It is hereby certified that CRACIUN VALENTIN, gender M, date of birth Year 1999, month 01, day 11, residing in Bucharest city, Sos. Giurgiului no.124A, bl., sector 4, holding the position of

Suffers from: CLINICALLY HEALTHY, FIT FOR FACULTY ENROLMENT

It is recommended:

The present document has been issued in order to be used at

Issuance date

YEAR 2018 MONTH 07 DAY 06

Signature and seal of the doctor
DR. MARDALE POPA TINCA DORINA
Primary doctor
Family medicine – Homeopathy
Code 143476

Round stamp
Individual medical practice
DR. MARDALE POPA TINCA DORINA
Family medicine - Homeopathy
Bucharest

Conclusions of the balance medical exam:

He is not registered with chronic diseases, surgeries, accidents, allergies. He has no family medical history .

Result of medical investigations

Pulmonary radiology

Serology of syphilis

Recommendations

Fit for

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Family medicine
Bucharest

The undersigned, SOROIU LAURENȚIU, certified translator under no. 10309/2003, hereby certify the accuracy of the translation into English of the photocopy of authentic document written in Romanian, which has been seen by me.

TRANSLATOR,
SOROIU LAURENȚIU
NR 10309
ROMANIA

County
City BUCHAREST

Sanitary Unit
Individual medical practice

Epidemiological approval
Proof of vaccination/revaccination

Year 2018 month 07 day 06

Surname CRACIUN first name VALENTIN,
first name of the father _____

Date of birth: 1999, month 01, day 11

Permanent address: city BUCHAREST, GIURGIULUI Street, no.124A, building 17, sector 4

Is not sick, suspect, family contact with the case (disease)

Is not bearer of typhoid, dysenteric, diphtheria bacilli

His family is not registered with _____

The hereby document has been issued for Faculty enrolment
Please see the situation of vaccinations on the back of the page.

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	VACCINATIONS			REVACCINATIONS				
	D1	D2	D3	R1	R2	R3	R4	R5
BCG (vaccination and revaccination tuberculosis)	15.1.1999	07.09.2001	09.09.2001					
AV								
AP (vaccination against poliomyelitis – infantile paralysis)	17.03.1999	7.07.1999	8.09.1999	14.4.2000	10.1.2000			
	15.04.2000			18.9.1999				
Di Te (revaccination against diphtheria and tetanus)	05.10.2006							
Di Te Per (diphtheria, tetanus, pertusis/convulsive cough)	17.03.1999	7.07.1999	8.09.1999	15.04.2000	10.1.2000			
AHB	11.01.1999	17.03.1999	18.09.1999					
ATPA								
AR (vaccination anti roseola, measles)	06.01.2000	05.10.2006						
Anti typhoid								
Anti flu								

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