

Please use doctor's letterhead or add Doctor's info and address

### MEDICAL CERTIFICATE FOR VISA

The undersigned Doctor in medicine Dr. \_\_\_\_\_

Certifies that he has examined this day	<b>SURNAME:</b>	<b>NAME:</b>	
Date of birth		Place of birth	
Number of travel document		Nationality	
Home Address			

and based on the examination and results of laboratory tests, has found **him/her**, in accordance with the provisions of Article 6, paragraph 3 and Article 8, paragraph 2, point b of the Law 3386/2005<sup>1</sup> on the "entry, residence and social integration of third-country nationals on Greek territory" free of one of the following illnesses, as mentioned in the Council Directive 64/221/EEC of 25 February 1964<sup>2</sup> on the "co-ordination of special measures concerning the movement and residence of foreign nationals which are justified on grounds of public policy, public security or public health",

**A. Diseases which might endanger public health:**

1. Diseases subject to quarantine listed in International Health Regulation No 2 of the World Health Organisation of 25 May 1951;
2. Tuberculosis of the respiratory system in an active state or showing a tendency to develop;
3. Syphilis;
4. Other infectious diseases or contagious parasitic diseases if they are the subject of provisions for the protection of nationals of the host country.

**B. Diseases and disabilities which might threaten public policy or public security:**

1. Drug addiction;
2. Profound mental disturbance; manifest conditions of psychotic disturbance with agitation, delirium, hallucinations or confusion.

Date of issue	
Doctor's signature and stamp	

<sup>1</sup>Government Gazette-GG A 212/23.08.2005,P. 3329

<sup>2</sup>Official Journal 056 , 04/04/1964 P. 0850 - 0857