

Παράρτημα 4 - Τυποποιημένο έντυπο ιατρικού πιστοποιητικού

<p>..... (Doctor's Name, Surname or Name of Hospital/Medical Centre)</p> <p>..... (Address) (City)</p> <p>PHONE:, FAX:, EMAIL: </p>
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MEDICAL CERTIFICATE FOR LONG STAY D VISA FOR GREECE

The undersigned Doctor in medicine Dr.

Certifies that he/she has examined this day	..... (name)	..... (surname)	
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 5, paragraph 3 and Article 6 of the Law 4251/2014 (Government Gazette A 80/1.4.2014)* free of any of the following illnesses which might endanger public health or threaten public policy or public security:

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	