## **CERTIFICATE**

## of HIV-infection test negative results for foreign citizens or persons without citizenship planning to stay in Russia for over 3 months (to be filled out in English)

| PERSONAL DATA              |   |   |
|----------------------------|---|---|
| 1.                         | Name                                      |   |
| 2.                         | Date of birth                             |   |
| 3.                         | Passport number                           |   |
| 4.                         | Validity of passport                      | : |
| 5.                         | Citizenship                               |   |
| 6.                         | Period of stay in Russia                  |   |
|                            |   |   |
| HIV-INFECTION BLOOD TEST   |   |   |
| 1.                         | Date of the test                          |   |
| 2.                         | Doctor's signature _                      |   |
|                            | Diagnostic method e of medicine used test |   |
| 4.                         | Test result                               |   |
| 5.                         | Stamp of the hospital                     |   |
| Signature of the applicant |   |   |

This certificate is valid within 3 months from the date of the test