

**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 \_\_\_\_\_
3. Diagnostic method \_\_\_\_\_  
and type of medicine used \_\_\_\_\_  
for the 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