



Ambasada Izraela
Warszawa

שגרירות ישראל
ורשה

Medical Certificate for B/1 (Working) Visa

Applicants details

Name: _____

Date of birth: _____

Place of birth: _____

Address: _____

Following details to be completed by a registered medical practitioner

Present state of health: _____

Is the applicant suffering from an infectious disease? _____

HIV ? _____

Hepatitis B or C? _____

Tuberculosis? _____

Date

Examining physician

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