

**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. Full name, Surname \_\_\_\_\_
2. Date of birth \_\_\_\_\_
3. Sex \_\_\_\_\_
4. Passport № \_\_\_\_\_
5. Citizenship \_\_\_\_\_

**HIV-INFECTIION BLOOD TEST**

1. Date of the test \_\_\_\_\_
  2. Diagnostic method \_\_\_\_\_
  3. Test result \_\_\_\_\_
  4. Clinic information \_\_\_\_\_  
\_\_\_\_\_
- (name, address, telephone №)

Doctor's signature \_\_\_\_\_

Clinic stamp

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