



UKRAINE  
MINISTRY OF HEALTH  
MEDICAL CENTER "VIVAMED"

7, Seminarskaya St., Odessa, Ukraine, tel. (38-048) 784-08-11

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CERTIFICATE №

Name \_\_\_\_\_  
Rank \_\_\_\_\_  
Date of birth \_\_\_\_\_ Citizenship \_\_\_\_\_  
Address \_\_\_\_\_  
Weight \_\_\_\_\_ Hair color \_\_\_\_\_  
Height \_\_\_\_\_ Eye color \_\_\_\_\_  
Distinguishing mark \_\_\_\_\_



This is to certify that all of information regarding my well-being is given by myself are truthfully and correct

\_\_\_\_\_  
signature

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*This certificate acknowledges that*

mr./mrs./ \_\_\_\_\_  
is examined by professionals of the Medical center "VIVAMED" and passed a complex psychological, psychiatric & narcological examination.  
В результате произведенного психофизиологического исследования заявитель не имеет алкогольной и наркотической зависимости.

CONCLUSION:

mr./mrs./ \_\_\_\_\_  
has NO features of ALCOHOLISM or DRUG DEPENDENCE.

Signatures:  
Psychiatrist \_\_\_\_\_  
Psychologist \_\_\_\_\_  
Issued \_\_\_\_\_  
Valid \_\_\_\_\_

