

Photo	 The Egyptian Association for International Medical Studies (EAIMS). Kasr Al Aini Medical Faculty, Cairo University, Egypt. www.eaims.net	Year: Destination:
	Medical & Dental Exchange Programs	AF Number
OUTGOING'S APPLICATION FORM		

Passport Info:

FULL NAME:		
Nationality:	Passport Number:	Valid till (d/m/y):
Gender:	Date of Birth (d/m/y):	Place of Birth:

Medical Info:

Faculty:	University:	Country:
Level: Undergraduate	Study Year:	Graduation Year:
Study Language:	Native Language:	Other Languages:

Contact Info:

Contacts	Applicant	Family Contact Person (Parent)
Name:		
Address:		
Tel: Mobile/Home		
Email:		
National ID		

Desired Departments: *You MUST include General Surgery & Internal Medicine in your 6 choices*

? 1	General Surgery and Sub-Specialties
? 2	Internal Medicine and Sub-Specialties
? 3	?????????
? 4	?????????
? 5	?????????
? 6	?????????

Accommodation via EAIMS Partners:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Signature of applicant:
Date:

مبادئ وشروط المنح الطبية التدريبية الدولية المقدمة لطلبة كليات الطب المصرية من جانب الجمعية المصرية للأبحاث والدراسات الطبية الدولية

أولاً التعريف بالمنحة التدريبية

- 1- المنحة عبارة عن منحة تدريبية بدون رسوم دراسية لمدة شهر بإحدى المستشفيات الجامعية التعليمية بالخارج وذلك لجميع طلبة السنوات الإكلينيكية والامتياز أما طلبة السنوات الأكاديمية فغير مسموح لهم بالتقدم لهذه المنحة.
- 2- الإقامة بالخارج: تقوم الجمعية بتسهيل إجراءات هذه الإقامة للطلبة المصريين بالخارج وذلك بالتعاون مع مثيلاتها من الجمعيات والمؤسسات بهذه الدول لضمان توفير الإقامة للطلبة المصريين قبل سفرهم وحتى يتسنى لهم استخراج الفيزا وإتمام إجراءات السفر.
- 3- على الطالب المسافر أن يتحمل تكاليف تذكرة الطيران وتكاليف إقامته ومعيشته والسكنات والوجبات ومصروف الجيب بالخارج.
- 4- على الطالب المسافر الالتزام بتقاليد وآداب المهنة كما عليه أيضاً الالتزام بحضور جميع أيام التدريب الطبي حتى يتمكن من الحصول على شهادة رسمية تفيد ذلك.
- 5- تتم عملية اختيار الطلبة لنيل هذه المنح من خلال مجموعة من الاختبارات التحريرية والشفوية والتي تشرف عليها كلية طب قصر العيني.

ثانياً التقدم للمنحة التدريبية

- 1- يحدد المتقدم الفترة وأسماء 6 تخصصات طبية إلى جانب البلد الذي يرغب السفر إليه وتتولى الجهات المسنولة في الدولة المضيفة نهائياً تحديد التخصص والفترة التي يتم فيها التدريب وذلك طبقاً للأماكن المتاحة.
- 2- لا تعتبر الجمعية المصرية للأبحاث والدراسات الطبية الدولية مسنولة عن تأخير أو عدم النظر في طلب المتقدم للمنحة إذا لم يقدم الطالب بالمستندات المطلوبة في المواعيد المحددة لذلك، كما هو موضح بهذا الدليل.

ثالثاً الحصول على تأشيرة السفر من سفارة الدولة المضيفة

- 1- تكون الجمعية المصرية للأبحاث والدراسات الطبية الدولية مسنولة عن تقديم دعوة التدريب الرسمية اللازمة للحصول على تأشيرة السفر، كما ستقدم الجمعية كل الإرشادات المطلوبة لذلك. أما في بعض الحالات النادرة والتي يكون فيها الطالب غير موافق لشروط الحصول على تأشيرة السفر من سفارة الدولة المضيفة فإن الجمعية المصرية للأبحاث والدراسات الطبية الدولية تعتبر غير مسنولة عن مثل هذه الحالات وسوف يعتبر العقد مع الطالب لاغياً ولا ترد إليه قيمة الرسوم الإدارية للمنحة.
- 2- الطالب المتقدم يكون مسنولاً عن الحصول على الإذن الضروري من جامعته للسفر وسوف تمد الجمعية الطالب بدعوة التدريب الرسمية اللازمة للحصول على الإذن ولكنها تعتبر غير مسنولة إذا لم يتم منح هذا الإذن وفي هذه الحالة سوف يعتبر العقد مع الطالب لاغياً ولا ترد إليه قيمة الرسوم الإدارية للمنحة.
- 3- المتقدمون المطلوبون للخدمة العسكرية عليهم مسئولية الحصول على الإذن الرسمي بالسفر من الجهات المختصة وسوف تتولى الجمعية فقط تزويد المتقدم بدعوة التدريب الرسمية لذلك ولكنها تعتبر غير مسنولة إذا لم يتم منح هذا الإذن وفي هذه الحالة سوف يعتبر العقد مع الطالب لاغياً ولا ترد إليه قيمة الرسوم الإدارية للمنحة.

رابعاً قواعد تبديل أو إلغاء المنحة

- 1- غرامة تبديل أو إلغاء المنحة قبل إرسال الأوراق والمستندات للخارج = 500 جنيه مصري لكل طالب.
- 2- بعد إرسال الأسماء والمستندات للخارج لا يجوز تبديل أو إلغاء أو استرداد قيمة الرسوم الإدارية للمنحة.
- 3- في حالة تأخير وصول موافقة التدريب بالخارج حتى فترة أسبوعين قبل موعد السفر فإن الجمعية تكون مسنولة عن ذلك وتقوم برد جميع المستحقات المالية للطالب بعد 4 شهور من ذلك.

خامساً المستحقات المالية

- 1- يقوم الطالب بتسديد تكلفة الرسوم الإدارية للمنحة التدريبية بعد نجاحه في الاختبارات المؤهلة لها. كما يقوم الطالب بعد ذلك بتسديد تكلفة إقامته بالخارج.
- 2- يقوم الطالب بتسديد تأمين يسترده بعد 4 شهور من عودته بشرط تقديم كافة المستندات التي تؤكد حضوره والالتزامه بالقواعد المهنية وحسن السلوك طوال فترة التدريب والإقامة بالخارج. ولا يسترد الطالب قيمة التأمين في حالة عدم سفره.
- 3- يقوم الطالب بتقديم جميع المستندات والمستحقات المالية إلى مندوب برنامج التبادل الطبي الدولي شخصياً حتى يتمكن من إنهاء كافة الإجراءات الدولية اللازمة في مواعيدها المحددة.

التوقيع

نقر نحن الموقعين أدناه بموافقتنا الكلية والنهائية على جميع بنود هذه الوثيقة، وهذا إقرار منا بذلك.

اسم الطالب:

توقيع الطالب:

الرقم القومي للطالب:

السنة الدراسية والكلية:

اسم ولي الأمر:

توقيع ولي الأمر:

الرقم القومي لولي الأمر:

التاريخ:

إقرار السفر

أقر أنا الموقع أدناه أنني تسلمت من الجمعية المصرية للأبحاث والدراسات الطبية الدولية جميع المستندات الإدارية التي تؤهلني للتدريب الطبي بالخارج بدولة:

وذلك خلال الفترة من

وبذلك لا يكون لي أي مستحقات مالية لدى الجمعية المصرية للأبحاث والدراسات الطبية الدولية سوى قيمة التأمين الذي ساسترده بعد 4 شهور من عودتي بشرط تقديمي لكافة المستندات التي تؤكد حضوري والالتزامي بالقواعد المهنية وحسن السلوك طوال فترة التدريب والإقامة بالخارج، وهذا إقرار مني بذلك.

اسم الطالب:

توقيع الطالب:

الرقم القومي للطالب:

السنة الدراسية والكلية:

التاريخ:

إقرار العودة

أقر أنا الموقع أدناه أنني تسلمت من الجمعية المصرية للأبحاث والدراسات الطبية الدولية قيمة التأمين، وذلك بعد تقديمي لكافة المستندات التي تؤكد حضوري والالتزامي بالقواعد المهنية وحسن السلوك طوال فترة التدريب والإقامة بالخارج، وهذا إقرار مني بذلك.

اسم الطالب:

توقيع الطالب:

الرقم القومي للطالب:

السنة الدراسية والكلية:

التاريخ:

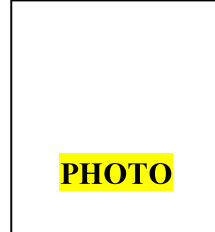
6 Recent Photos



CV

A- Personal Data:

- Full Name:
- Date of Birth:
- Place of Birth:
- Gender:
- Nationality:
- National Egyptian ID Number:
- Passport Number: Valid till:
- Home Address:
- Home Phone Number: +20-
- Mobile Phone Number: +20-
- Official Email:



B- Curricular Data:

- Medical Faculty:
- General Academic Grades:

1 st year:	2 nd year:	3 rd year:
4 th year:	5 th year:	6 th year:

- Medical Activity: Courses, Conferences, Workshops, Societies,...

C- Extracurricular Data:

- Languages:
- Travel:
- Skills:
- Hobbies:
- Others:

Reference Professor's Name:

Department:
Faculty:
Email:
Mobile Tel: +20-

Motivation Letter

To Whom It May Concern:

My name is ----- and currently I am a ----- year medical student at Kasr Alaini Faculty of Medicine – Cairo University - Egypt. As part of our undergraduate medical education we are encouraged to undertake one month clinical rotation abroad.

I understand that one month rotation is a short period, but I will try to get benefit from it as much as possible. I am looking forward to my rotation abroad to add to my skills and acquire new medical knowledge and I am honored to do that at your well-known Medical Faculty & Hospital.

I know that I will find all of you very helpful and willing to guide me and teach me throughout my rotation. Therefore I promise to be well attentive and obedient to all instructions that I will receive.

Finally I would like to thank you very much for giving me this great chance and I wish that I will be a good representative student for my faculty.

Yours sincerely,

Student's Name:

Address:

Official Email:

Mobile Tel: +20-

Recommendation Letter (1)

To Whom It May Concern:

I here declare that the medical student ----- has studied under my academic supervision at Kasr Alaini Faculty of Medicine – Cairo University - Egypt.

I am really pleased to recommend the above named medical student to you. The student has a good and empathic personality and is able to form good working relationships with colleagues and all grades of medical and paramedical staff.

The student has proved to be active throughout the study curriculum and has a satisfactory academic record.

Any information about the above named student within the limits of my knowledge, I am pleased to furnish upon request at the earliest convenience.

We remain with best personal regards;

Yours sincerely;

Professor's Name:

Signature:

Department:

Faculty:

Email:

Mobile Tel: +20-

Recommendation Letter (2)

To Whom It May Concern:

I here declare that the medical student ----- has studied under my academic supervision at Kasr Alaini Faculty of Medicine – Cairo University - Egypt.

I am really pleased to recommend the above named medical student to you. The student has a good and empathic personality and is able to form good working relationships with colleagues and all grades of medical and paramedical staff.

The student has proved to be active throughout the study curriculum and has a satisfactory academic record.

Any information about the above named student within the limits of my knowledge, I am pleased to furnish upon request at the earliest convenience.

We remain with best personal regards;

Yours sincerely;

Professor's Name:

Signature:

Department:

Faculty:

Email:

Mobile Tel: +20-

Photo



27/1/2020

Certificate



This is to certify that

Born in [REDACTED], Nationality [REDACTED] is enrolled as a **Fifth Year in Medical Student 2019/2020.**

She was enrolled in 2015 and expected graduation date is February 2022

The duration of study is 6 years

Type of degree is M.B.B.Ch

English is the language of study and examination.

This is to be presented To Whom It May Concern.

The certificate is issued after the revision of the included information by the authorized person with his full responsibility

REGISTRAR

2020
27/1

CONTROLLER

Mervat
27-1-2020
Mervat Mohamed Ragb



Photo



Faculty of Medicine – Cairo University Provisional Results of Grades

Name: [REDACTED]

National ID: [REDACTED]

Date of Birth: [REDACTED]

Place of Birth: Giza

Nationality: Egyptian



First year	Anatomy	Physiology	Biochemistry	Histology	Total	English language	Signature of the specialist
Grade	Very Good 198	Very Good 198	Excellent 132	Excellent 134	Very Good 665	Very Good 40	
Marks	250	250	150	150	800	50	

Second year	Anatomy	Physiology	Biochemistry	Histology	Psychology	Total	Signature of the specialist
Grade	Excellent 220	Very Good 195	Good 104	Excellent 144	Very Good 39	Very Good 702	
Marks	250	250	150	150	50	850	

Third year	Pathology	Pharmacology	Microbiology	Parasitology	Total	Signature of the specialist
Grade	Very Good 251	Very Good 234	Very Good 157	Very Good 124	Very Good 766	
Marks	300	300	200	150	950	

Fourth year	Ophthalmology	ENT	Forensic	Community	Total	Signature of the specialist
Grade	Excellent 222	Excellent 181	Excellent 174	Very Good 237	Excellent 814	
Marks	250	200	200	300	950	

Fifth year	Gynecology	Pediatric	Total	Signature of the specialist
Grade	Excellent 428	Excellent 472	Excellent 900	
Mark	500	500	1000	

Sixth year	Internal Medicine	Surgery	Total	Signature of the specialist
Grade	Excellent 840	Excellent 778	Excellent 1618	
Marks	900	900	1800	

Passed the final exam in Nov. 2017 and completed the educational program of M.B.,B.Ch

The certificate is going to be approved from Faculty of Medicine and Cairo University according to regulations. She Passed ICDL computer exam. English is the language of study and examinations.

The candidate is not authorized to practice the medical profession except after attending training, as necessitated by the national regulations and by laws.

This provisional statement was issued upon his request to be submitted To Whom It May Concern.

Registrar

Controller

Vice Dean

[Signature]

[Signature]
10.4.2018

Prof. Dr. Hala Salah Eldin Talaah



18.4.2018



A EGY <<<<<<<<<<<<<<<<

Allianz Insurance Company - Egypt

E 369884

Your Allianz Travel Plus Certificate

Travel Policy No. 1515430/0

Program: Allianz (1st Class)

This policy is your insurance contract issued from Allianz- Egypt . Please read it carefully and make sure that it meets your needs. Please make sure that this certificate remains with you all the time during the covered trip.

Name of Insured :		Passport No :	
Date of Birth :		ID NO. :	29708180103921
Address :		Tel No :	01014297445
Nationality :		Email :	
Contact Person :		Net Premium:	431.11 Egyptian Pound
Period of Coverage :	From 01-SEP-2019 To 01-OCT-2019		
Coverage Zone :	Europe & Mediterranean (Zone 1)		
Date of issue :	02-AUG-2018		
Premium Calculation			
Net Premium :	431.11	Egyptian Pound	
Supervisory Fees :	2.59	Egyptian Pound	
Dimensional Stamp :	1.00	Egyptian Pound	
Proportional Stamp :	2.16	Egyptian Pound	
Issuing Fees :	5.14	Egyptian Pound	
Total Premium :	442.00	Egyptian Pound	
Emergency Medical Services			
<p>-Emergency aid service is available for 24h from " Allianz Global Assistance". In the event that the insured is exposed to a serious health condition or stayed in a hospital abroad for a period more than 24h, or in the event that the insured can't complete his trip due to his health condition, and he should return to Egypt, please call " Allianz Global Assistance" on the following numbers and quote your travel policy number and the travel period as stated in the policy. Tel No : +971 4270 8713 / Email: international_dept@nextcarehealth.com</p> <p>-For all other claims please call: Nextcare - Arab Gulf Health Services LLC, P.O. Box 80864, Dubai, U.A.E</p> <p>-Customers service complaints and enquiries: travel.claims@nextcarehealth.com Tel No : +971-4-2708705 and ask for a claim form / Email: travel.claims@nextcarehealth.com</p> <p>-Customers service complaints and enquiries: Info@allianz.com.eg Hotline 19909.</p>			
Conditions :			
<p>-It is hereby declared and agreed that a single trip policy will not exceed 180 days and that the annual policy means multiple trips not more than 90 consecutive days.</p> <p>-It is hereby declared and agreed that the cover limit for "Transport and accommodation including costs for traveling companion" is subject to Min,US\$80 per day up to Max.US\$800(Business class)and MinUS\$135 per day up to Max.US\$1350 (First class) per event and in the aggregate per the insurance policy.</p> <p>-It is hereby declared and agreed that the policy will not be cancelled in case of: 1- You obtained the visa. 2- As soon as insurance period is started.</p> <p>-The policy is considered valid if only issued before the insured trip starts, therefore no claim will be covered if the policy issue after insured trip start date.</p> <p>-This certificate is not valid unless it's fully paid</p> <p>-This certificate of insurance is valid without the signature of the insured person</p>			

Allianz Insurance Company - Egypt Signature

Allianz Insurance Company - Egypt Stamp

Agent name : Mohamed Khaled Elsayed Hassan
Form : Allianz Egypt approved policy RT-TV-V1-2015.



Summary of cover

Cover	Economy cover		Business cover		1 st Class cover	
	Limit (up to)	Deductible	Limit (up to)	Deductible	Limit (up to)	Deductible
Section 1: Emergency medical and associated expenses						
Repatriation in case of serious illness or accident	Incurred expenses		Incurred expenses		Incurred expenses	
Emergency medical and associated expenses (including treatment and funeral expenses)	45,450 US\$ "per person" through the insurance period	90 US\$	90,900 US\$ "per person" through the insurance period	90 US\$	272,700 US\$ "per person" through the insurance period	90 US\$
- Transport and accommodation (including costs for travelling companion)	N/A	N/A	Econ Return Air Ticket + 80 US\$ /day (Up to 10 days)	Nil	Econ Return Air Ticket + 135 US\$ /day (Up to 10 days)	Nil
- Dental	N/A	N/A	180 US\$	90 US\$	365 US\$	90 US\$
Section 2: Loss of passport						
	180 US\$	Nil	275 US\$	Nil	365 US\$	Nil
Section 3: Delayed personal possessions						
	N/A	N/A	90 US\$	Nil	136 US\$	Nil
Section 4: Personal possessions						
Check in luggage and Personal possessions	455 US\$		910 US\$		1,365 US\$	
- Valuables	45 US\$	Nil	90 US\$	Nil	135 US\$	Nil
- Single item, pair or set limit	45 US\$		90 US\$		135 US\$	
- Tobacco, alcohol and fragrances	50 US\$		50 US\$		50 US\$	
Section 5: Personal accident						
- Death	5,450 US\$		18,200 US\$		27,300 US\$	
- Permanent total disablement	5,450 US\$ per person	Nil	18,200 US\$ per person	Nil	27,300 US\$ per person	Nil
- Permanent loss of sight or limb	5,450 US\$		18,200 US\$		27,300 US\$	
Section 6: Delayed departure						
	N/A	Nil	20 US\$	Nil	35 US\$	Nil
Section 7: Personal liability						
	90,900 US\$	Nil	120,000 US\$	Nil	150,000 US\$	Nil
Section 8: Emergency message relay						
	Up to 3 messages	Nil	Up to 3 messages	Nil	Up to 3 messages	Nil
Section 9: Advance of bail bond						
	N/A	N/A	5,455 US\$	Nil	9,090 US\$	Nil
Section 10: Loss of credit / debit card						
	N/A	N/A	900 US\$	90 US\$	1,820 US\$	90 US\$

Whereas the insured named in the schedule hereto has paid to Allianz insurance company - Egypt (hereinafter called the "insurers") the premium mentioned in the same schedule, the insurers will indemnify the insured in the manner and to the extent hereinafter provided during the insurance period or any other period endorsed hereon that the insurers has accepted to extend such cover, subject to the insured having paid the additional premium agreed by the insurers, provided that the insurers will be liable to indemnify the insured for each and every item that the insurers has accepted to cover, whereas the total liability of the insurers will not exceed the total sum insured mentioned. The policy is constituted by the afore-mentioned general conditions and the particular conditions and defines your rights and obligations, as well as ours.

Area of cover

• **Zone 1: Europe & Mediterranean countries** (continental Europe, Mediterranean islands, Morocco, Algeria, Tunisia, Libya, Israel, Turkey, Madeira, Canary islands, the Azores, Iceland, Russia, Estonia, Latvia, Lithuania, Belarus, Ukraine, Moldova and Georgia, (United Kingdom, the Republic of Ireland, the Channel Islands and the Isle of Man)

• **Zone 2: worldwide** (all countries excluding United States of America, Canada and the Caribbean)

• **Zone 3: worldwide/USA** (all countries including United States of America, Canada and the Caribbean)

Period of insurance

The cover for all sections starts at the beginning of your journey and finishes at the end of your journey.

All cover ends on the expiry date shown on your policy schedule, unless you cannot finish your journey as planned because of death, injury or illness or there is a delay to the public transport system that cannot be avoided. In these circumstances, we will extend cover free of charge until you can reasonably finish that journey.

Conditions

The following conditions apply to the whole of your policy. Please read these carefully as we can only pay your claim if you meet these:

- You are a resident of Egypt.
- You take reasonable care to protect yourself and your property against accident, injury, loss and damage and act as if you are not insured and to minimize any potential claim.
- You have a valid policy schedule.
- You accept that we will not extend the period of insurance:
- For single trip cover if the original policy plus any extensions have either ended, been in force for longer than 180 days or you know you will be making a claim.
- For annual multi-trip cover beyond the expiry of your policy.
- You contact us as soon as possible with full details of anything which may result in a claim and give us all the information we ask for. Please see section 'making a claim' for more information.
- You accept that no alterations to the terms and conditions of the policy apply, unless we confirm them in writing to you.
- You are not aged:
- 81 Or over (economy cover), 66 or over (business and 1st class cover) at the date your policy was issued for single trip cover.
- 81 Or over (economy cover), 66 or over (business and 1st class cover) at the start date of your policy for annual multi-trip cover.
- **Jurisdiction:** it is hereby noted and agreed that any referral to jurisdiction and all disputes arising from the interpretation or execution of this policy shall be settled by the relevant Egyptian courts in whose jurisdiction lies the head office of the company
- **Cancellation of the insurance:** the certificate can be cancelled by the insure person in case of cancellation of his/her trip abroad, provided the insured person has notified the authorized agency before the effective date specified in the policy or on the amendment, and has received confirmation of cancellation from the latter. Premium in such a case shall be refunded to the insured.

administration fee shall be retained with a minimum of L.E 20 and maximum of L.E 50.

• **Contribution clause:** if at the time of the happening of an event Resulting in loss or damage giving rise to a claim under this policy, there be any other insurance covering the same loss or damage, whether such other insurance has been effected by the insured or any other person, the company shall not be liable to pay or contribute more than its ratable proportion of any claim for such loss or damage that the sum insured hereunder bears to the total sums insured. This is not applicable on accidental death, total or partial permanent disability as in such cases the company will be liable to pay up to the amount shown in your summary of cover.

• **Forfeiture of rights:** if a claim is in any respect fraudulent, or if any false declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured or anyone acting on his behalf to obtain any benefit under this policy, all benefits under this policy shall be forfeited.

We have the right to do the following

- Only cover you for the whole of your journey and not issue a policy if you have started your journey.
- Take over and deal with, in your name, any claim you make under this policy.
- Take legal action in your name (but at our expense) and ask you to give us details and fill in any, which will help us to recover any payment we have made under this policy.
- With your permission, get information from your medical records to help us or our representatives deal with any claim. This could include a request for you to be medically examined or for a post mortem to be carried out in the event of your death. We will not give personal information about you to any other organization without your specific agreement.
- Send you home at any time during your journey if you are taken ill or injured. We will only do this if the doctor treating you and our medical advisers agree. If there is a dispute, we will ask for an independent medical opinion.
- Not accept liability for costs incurred after the date the treating doctor and our medical advisers agree you should return to your home country, if you refuse to be repatriated.
- Only refund or transfer your premium if you decide your policy does not meet your needs and you contact us with 48 hours of receiving your policy. Refunds beyond this timeframe are also considered if you are unable to obtain the necessary visa. We can recover all costs that you have used if you have:

- Traveled;
- Made a claim or intend to make a claim;
- An annual multi-trip policy.
- Not to pay any claim on this policy (except under the personal accident section) for any amounts covered by another insurance / takaful contract. In these circumstances we will only pay our share of the claim.
- If you cancel or cut short your journey:
- All cover provided on your single trip policy will be cancelled without refunding your premium.
- All cover provided on your annual multi-trip policy for that journey will be cancelled without refunding your premium.
- Ask you to pay us back any amounts that we have paid to you which are not covered by this policy.

General exclusions

The following exclusions apply to the whole of your policy: We will not cover you for any claim arising from, or consisting of, the Following:

- A relevant fact that you knew about before you traveled, unless we

- War, invasion, act of foreign enemy, hostilities (whether war is declared or not) civil war, civil commotion, rebellion, revolution, insurrection, military force, coup d'état, terrorism, weapons of mass destruction.
- Any epidemic or pandemic.
- You not following any suggestions or recommendations made by any government or other official authority including the ministry of external affairs during the period of insurance.
- Your property being held, taken, destroyed or damaged under the order of any government or customs officials.
- Ionising radiation or radioactive contamination from nuclear fuel or nuclear waste or any risk from nuclear equipment.
- Any currency exchange rate changes.
- The failure or fear of failure or inability of any equipment or any computer program, whether or not you own it, to recognize or to correctly interpret or process any date as the true or correct date, or to continue to function correctly beyond that date (except under the emergency medical and associated expenses and personal accident sections).
- You acting in an illegal or malicious way.
- You not enjoying your journey or not wanting to travel.
- Any loss caused as a direct or indirect result of anything you are claiming for, for example loss of earnings, unless it says differently in the policy.
- Claims relating to pregnancy or childbirth.
- We will not pay any compensation under the personal accident section if you are aged 18 or under or aged 65 or over at the time of the accident.
- We will not pay more than 13,750 EGP (US \$ 2,500) if you are aged 18 or under in case of accidental death.
- You will not be covered for any directly or indirectly related claims arising from the following if at the time of taking out this insurance, you:
- Are being prescribed regular medication;
- Have received treatment for or had a consultation with a doctor or hospital specialist for any medical condition in the past 6 months;
- Are being referred to, treated by or under the care of a doctor or a hospital specialist;
- Are awaiting treatment or the results of any tests or investigations;
- You will not be covered for any claim arising from a medical condition of someone you were going to stay with, a traveling companion, a relative or a business associate if you are aware of the medical condition at the time your policy was issued.
- You will not be covered if you travel against the advice of a doctor or where you would have been if you had sought their advice before beginning your journey.
- You will not be covered if you know you will need medical treatment or consultation at any medical facility during your journey.
- You will not be covered for any directly or indirectly related claim if, before your journey, a doctor diagnosed that you have a terminal condition.
- You will not be covered if you were waiting for medical treatment or consultation at any medical facility or were under investigation for a medical condition when your policy was issued.
- You will not be covered if you are traveling specifically for the purpose of obtaining and / or receiving any elective surgery, procedure or hospital treatment.
- An excess of the amount shown in your summary of cover.
- The cost of replacing any medication you were using when you began your journey.
- Any condition stated under health declaration and health exclusions.
- Extra transport and accommodation costs which are of a higher standard to those already used on your journey, unless we agree.
- Anything caused by:
- You traveling in an aircraft (except as a passenger in a fully-licensed, passenger-carrying aircraft);
- Your suicide, self-injury or deliberately putting yourself at risk (unless you were trying to save another person's life);
- You being under the influence of drugs (except those prescribed by a doctor but not for the treatment of drug addiction);
- The direct or indirect effect of you using alcohol or solvents;
- You traveling on a motorcycle, unless the rider holds an appropriate valid license and all persons insured are wearing crash helmets;
- You taking part in any hazardous activity or winter sports unless shown on your policy schedule.
- Any costs incurred 12 months after the date of your death, injury or illness.
- Any costs for taxi fares and telephone calls (including mobile calls) resulting from an incident claimed for under this section.
- Services or treatments you receive within your home country.
- Services or treatments you receive which the doctor in attendance and we think can wait until you get back to your home country.
- Medical costs over US \$250, in-patient treatment or repatriation which we have not authorized.
- The extra costs of having a single or private room in a hospital or nursing home.
- The cost of all treatment which is not directly related to the illness or injury that caused the claim.
- Your burial or cremation within your home country.
- Replacing or repairing false teeth or artificial teeth (such as crowns).
- Dental work involving the use of precious metals.

Note: this certificate has been issued subject to all terms, conditions, exclusions & provisions of the detailed policy, available in both Arabic & English upon request.

Immunization Form

Immunization Requirements for Outgoings Students/Doctors/Researchers

FULL NAME (as written in Passport):			
Nationality: EGYPTIAN	Passport Number:	Valid till (d/m/y): 14-04-2024	
Gender: Female	Date of Birth (d/m/y): 01/10/1993	Place of Birth: Cairo	
Faculty: Medicine / Dentistry	University: Cairo	Country: Egypt	

Upon starting your studies/clinical elective/observership program/research abroad, you should have immunization against the infectious diseases mentioned below. Your immunization should be verified by either vaccination or a positive antibody status:

Compulsory vaccinations:

Measles / Mumps / Rubella (MMR)

Two doses of MMR vaccine:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Date of first vaccination: 17.06.1994	Date of second vaccination: 12.12.1994
If not vaccinated twice, the antibody titres have to be determined:			
Measles:	Titre:	Date of titre determination:	Vaccination recommended: <input type="checkbox"/> yes <input type="checkbox"/> no
Mumps:	Titre:	Date of titre determination:	Vaccination recommended: <input type="checkbox"/> yes <input type="checkbox"/> no
Rubella:	Titre:	Date of titre determination:	Vaccination recommended: <input type="checkbox"/> yes <input type="checkbox"/> no


Varicella (VZV)

Two doses of VZV vaccine:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Date of first vaccination: 17.06.1994	Date of second vaccination: 02.06.1999
If not vaccinated twice, the antibody titres have to be determined:			
Varicella (VZV)	Titre:	Date of titre determination:	Vaccination recommended: <input type="checkbox"/> yes <input type="checkbox"/> no

Hepatitis B

Basic Immunisation:	Date of first vaccination: 1/12/2013	Date of second vaccination: 1.03.2014	Date of third vaccination: 20.04.2018
Antibody titre against hepatitis B:	Titre: 1000 IU	Date of titre determination: 31/7/2018 Next booster is due on: None	Vaccination recommended: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no

Confirmation by a doctor: *

I herewith confirm that there is currently sufficient immunity against the infectious diseases mentioned above	
31/7/2018 018/11/11 Date	 Stamp (readable) and Signature of the doctor

* The confirmation has to be given by general practitioners or approved/board certified doctors.

Tuberculosis:

If you come from one of the countries listed below* or another region endemic for tuberculosis, a doctor has to proof (please provide her/him with a chest x-ray not older than 2 years) that you are not suffering from tuberculosis.

* Afghanistan, Armenia, Azerbaijan, Bangladesh, Belarus, Bulgaria, China, Congo, Estonia, Ethiopia, Georgia, India, Indonesia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Moldavia, Myanmar, Nigeria, Pakistan, Philippines, Russia, South Africa, Tajikistan, Ukraine, Uzbekistan, Vietnam.

Confirmation by a doctor: * (if necessary)

I confirm that currently there is no evidence of an infection with mycobacterium tuberculosis.

chest x-ray: Free

31/7/2018

Date

ط.م / آية طارق العربي

Aya طارق arabby

Stamp (readable!) and signature of the doctor

* The confirmation has to be given by general practitioners or approved/board certified doctors.

Voluntary vaccinations: *

Pertussis	Date of last vaccination: 16.12.1994	Vaccination recommended: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
Poliomyelitis	Date of last vaccination: 16.12.1994	Vaccination recommended: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
Diphtheria	Date of last vaccination: 16.12.1994	Vaccination recommended: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
Tetanus	Date of last vaccination: 16.12.1994	Vaccination recommended: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
Hepatitis A*	Date of first vaccination: 10.07.1994 Date of second vaccination: 17.07.1995 Date of third vaccination: 25/7/2018	Vaccination recommended: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no

* Voluntary vaccinations should be updated according your national vaccination recommendations.

* For Hepatitis A, the recommendation is two doses of a Hepatitis A vaccine (eg. Havrix 1440, Avaxim, Epaxal) or three doses of a HepA/B combination (eg Twinrix).

Confirmation by a doctor: *

I confirm that the voluntary statements of vaccination are correct.

31/7/2018

Date

ط.م / آية طارق العربي

طبيب بچيم اطفال

Aya طارق arabby

Stamp (readable!) and signature of the doctor

* The confirmation has to be given by general practitioners or approved/board certified doctors.

Please make sure that the doctor's stamps are readable, complete and in Latin alphabet!

Serology:

HCV Antibody titre (Hepatitis C)	<input checked="" type="radio"/> Negative <input type="radio"/> Positive
HIV Antibody titre (AIDS Test)	<input checked="" type="radio"/> Negative <input type="radio"/> Positive

Confirmation by a doctor: *

31/7/2018
Date

Mohamed Mohamed Ismail
Stamp (readable!) and signature of the doctor

د/محمد محمد اسماعيل القنيتي
مدير طب الأطفال / جامعة القاهرة
دكتوراه في طب الأطفال
إستشاري السمع والتفكير

* The confirmation has to be given by general practitioners or approved/board certified doctors.

Please make sure that the doctor's stamps are readable, complete and in Latin alphabet!

Contact info of treating doctor	
Full Name	Mohamed Mohamed Ismail
Specialty	Pediatrics
Address	- Street Number: 33 Kasr along street - City: Cairo - Governorate: Cairo - Country: Egypt
Telephone	+20 011 444 7 9999
Email	mohamed-i-smail@yahoo.com

Declaration of the Outgoing Student/Doctor/Researcher

The Outgoing Student/Doctor/Researcher may not be admitted to clinical courses or lectures held at the training hospital abroad if the proof of compulsory immunization as indicated above is missing.

By signing this document

- The Outgoing Student/Doctor/Researcher confirms that all personal data regarding the proof of immunization can be recorded and processed by the training hospital abroad.

7/5/2018
Date

Outgoing Student/Doctor/Researcher's signature

اسم الفرع القصر العيني

مدير الفرع

مدير الوحدة ا.د عبد العزيز النقلي

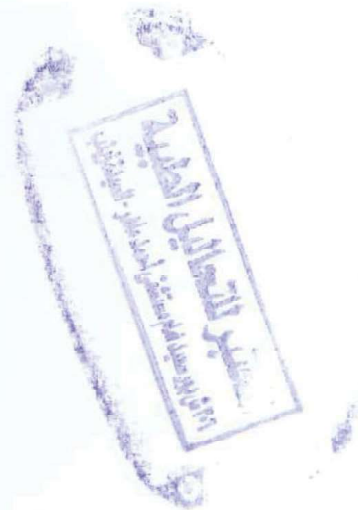
طبيب الوحدة ا.د. علا السيسى

رئيس مجلس الإدارة
ا.د. مؤمنة كامل

مدير المعامل
ا.د. هند الشربيني

Visit Number:	28918500803	Registered	18-01-2018 10:50:41
Patient Name:		Collected	18-01-2018 10:52:00
Age / Sex:	21 Year / Female	Authenticated	18-01-2018 15:50:38
Referred By:	Prof : -	Reported	18-01-2018 08:47:39
Client Name:	30129		

TEST NAME	RESULT	PREVIOUS RESULT	UNIT	BIOLOGICAL REFERENCE INTERVALS
Hepatitis Markers				
Hepatitis B surface antibody (titre)	Positive >1000.00		mIU/mL	Negative <8 Weak positive 8-12 Positive >12
Hepatitis C virus antibody (3rd generation)	Negative			Negative
HIV Antibody (AIDS Test)	Negative			Negative



Dr.ABD El-Aziz El-Nokaly
Professor of Medical Bio-Chemistry,
Faculty of medicine, EL Azhar University



Name: .

ID: 2437688

Date: 18/02/2020

Chest X-Ray REPORT

Digital radiographic examination of the chest revealed:

- Clear both lung fields and costophrenic angles.
- Normal cardiac size and shape.
- No hilar or mediastinal lymph nodes enlargement.

Dr. Amir Elhamy, MD