

## MEDICAL CERTIFICATE

\_\_\_\_\_ with ID number \_\_\_\_\_  
Name Passport number / ID-Card number

has no physical or psychic disabilities, that might prevent him/her from beginning / or carrying on the studies of Medicine.

His / Her results of the general physical examination as well as the ophthalmological, ENT, neurological, psychiatric and psychological examinations have proven, that he / she is qualified for studying medicine.

**He / She does not suffer from any chronic or neuropsychological illnesses, contagious diseases or other illnesses not compatible with the future profession.**

All this has been certified by the doctor: \_\_\_\_\_  
member of the Medical Association \_\_\_\_\_

Date: _____	Stamp: _____  Signature: _____
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