

**CERTIFICATION**  
**of medical issues relevant to students' requests**

<b>*Student's name:</b>	
<b>*Date of birth:</b>	
<b>*Mother's name:</b>	
<b>*Address:</b>	
<b>**Detailed description of medical procedures:</b>	

\* *Filled out by the Student*

\*\* *Filled out by the Doctor*

Date: .....

I.s.

.....  
Doctor's signature

Phone number: .....

Dear Physician Colleague!

Please help the work of Semmelweis University's Faculty of General Medicine's Academic and Examination Committees by filling out this form along with the usual form. This document significantly increases our chances of making informed decisions about students' cases and is expected to reduce the number of previously reported abuses.

Sincerely,

Dr. László Tretter,  
University professor, Chairman of the Academic and  
Examination Committee