

Semmelweis University

Faculty of Health Sciences

Registrar's Office, Foreign Students Secretariat

MEDICAL REPORT

for application

1. APPLICANT'S DECLARATION (filled in by the applicant)

APPLICANT'S DATA:

SURNAME: _____

GIVEN NAME: _____

ADDRESS: _____

DATE AND PLACE OF BIRTH: _____

I am aware that in case my medical status makes the fulfillment of requirements ambiguous prior to the beginning of clinical practices, I am ready to proceed with further medical check-ups.

2. GENERAL MEDICAL REPORT (filled in by GP)

The patient mentioned above does not have any infectious disease and is in good physical and mental condition presently. There are no medical objections against starting clinical health professional studies and fulfilling the expected clinical practices.

Remarks:

NAME AND ADDRESS OF THE DOCTOR:

PLACE AND DATE:

SIGNATURE AND STAMP OF THE DOCTOR:
