**DECLARATION**

I, the undersigned, Dr. ………………………………………………, as practice leader hereby declare, that I have verified the case report of ……………………………………………… (student).

Assessment:

|  |  |
| --- | --- |
| **COMPLETE** | **INCOMPLETE** |

Date: Budapest,

|  |
| --- |
| ……………………………………….  signature of practice leader  medical stamp |

I, the undersigned, Dr. ………………………………………………, as supervisor hereby declare, that I have verified the case report of ……………………………………………… (student).

Assessment:

|  |  |
| --- | --- |
| **COMPLETE** | **INCOMPLETE** |

Date: Budapest,

|  |
| --- |
| ……………………………………….  signature of supervisor  medical stamp |