

## GP'S STATEMENT

<input type="checkbox"/> ÁOK	<input type="checkbox"/> FOK	<input type="checkbox"/> GYTK	<input type="checkbox"/> ETK	<input type="checkbox"/> EKK	<input type="checkbox"/> PAK
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NAME:	PLACE OF BIRTH:	DATE OF BIRTH:
MOTHER'S MAIDEN NAME:	ADDRESS:	PHONE NUMBER:
CONTACT IN CASE OF EMERGENCY:		E-MAIL:

I, as the general practitioner of the above person, can confirm that my patient (please underscore as applicable):

- Is not and has not been under my treatment for any chronic, contagious or non-contagious diseases.
- Is under my treatment for diseases as follows. (Provide ICD code)

The patient's health status is suitable to pursue higher education studies in healthcare.

Dated

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signature, stamp