

SLOVAK MEDICAL UNIVERSITY IN BRATISLAVA
Faculty of Medicine
Address: Limbová 12, 833 03 Bratislava, Slovakia

Attachment to the Application Form for admission to university study

MEDICAL CERTIFICATE

**of health condition fitting the study at university and performance of profession
within the chosen study programme**

*(potvrdenie lekára o zdravotnej spôsobilosti na vysokoškolské štúdium
a na výkon povolania vo zvolenom študijnom programe):*

APPLICANT'S DATA:

Surname:	
First name(s):	
Date of Birth:	
Citizenship:	

The applicant is in a good mental and physical health and hence able to commence medical studies: YES / NO

Other conclusions:

Vaccination against virus Hepatitis B: YES / NO

Date of single doses administration:

1st _____ 2nd _____ 3rd _____

Date:

Physician's (GP) signature and stamp: