

City \_\_\_\_\_

Date \_\_\_\_\_

**Medical confirmation**  
**of physical and mental ability to university studies**

I declare, that patient \_\_\_\_\_ (name of student),

passport number \_\_\_\_\_ (please fill it in),

who was born on \_\_\_\_\_ (date of birth) went through medical examination.

The patient is completely healthy both mentally and physically and can proceed to study on  
Medical Faculty UPJS in Kosice, Slovakia.

\_\_\_\_\_

Signature and stamp of doctor