

Attachment No 1: Template of the medical certificate

Medical certificate

stating that there are no contraindications to undertake education in a chosen field of studies and form of education

Name and Surname

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Date of birth:

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Field of study:

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- This is to confirm that there are no contraindications to study at the field of study
- This is to confirm that there are contraindications to commence education in a given field of studies

Recommendations:

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Date, Doctor's stamp and signature