MEDICAL CERTIFICATE

of suitability and fitness for the purpose of applying to the

University of Veterinary Medicine Budapest

I the undersigned Doctor in Medicine, (Full name)……………………………………………… certify that I examined the below patient:

Full name: …………………………………………………………..

Nationality: …………………………………………………………

Date of Birth:……………………………………………………….

Place of Birth:………………………………………………………

Country of residence:……………………………………………

I have found him/her to be physically and mentally fit to pursue veterinary studies at a university and not suffering from any infectious diseases.

Comment: ………………………….………………………………………………………….………………………………………………………………………………………………….………………………………………………………………………………………………….……………………………………………………………………………………………………………

Date:……………………………… ……………………………………….. Doctor’s Signature and stamp