Information about the Physician issuing this certificate:

Full name: ………………………………………………….

Name of clinic (if applicable): ………………………………………………….

E-mail address / phone number: ………………………………………………….

Official stamp:

*Date* ……………………………………

**Medical certificate**

**for the purposes of university admission**

I certify that I have carefully examined Mr/Ms …………………………………………………., born on …………………….………, passport number ……………………………….

Based on the medical examination, I certify that he/she is in good mental and physical health and is free from any conditions which may prevent him/her from taking up higher education studies.

*Additional comments (optional):*

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*Physician’s signature*

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*Applicant’s statement:*

*By submitting this document for university admission purposes, I declare that it is true   
and correct.*

………………………………………………

*signature of the Applicant*