



MEDICAL CERTIFICATE for ERASMUS Students

I hereby certify that I have examined the following person:

.....
(Last Name) (First Name) (Date of birth and birthplace)

and find him/her

- a) not mentally disordered or physically defective in any way;**
- b) not suffering from any infections or contagious condition;**
- c) generally in a good state of health**

except for the following defects observed:

*details regarding the disorder, disease or disability,
the seriousness thereof and the treatment, if any, prescribed/recommended*

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(Official stamp and address of medical officer/hospital)

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Signature of medical officer/practitioner

Date.....