**Confirmation of completing the pre-state examination practice of a 6th year student in General Medicine at a general practitioner**

**Student´s full name:**

**Permanent address:**

**Personal ID** (find under the photo of your ISIC card)**:**

**Date of birth:**

**Academic year:**

We confirm that the aforementioned student completed a pre-state examination practice at a general practitioner.

General practitioner identification:

Dates of the practice:

Date: Stamp and signature of authorized person: