

the stamp
of the health care centre

.....
place

.....
date

DOCTOR'S REPORT ON LEARNING AND TRAINING FOR A PROFESSION

.....
surname and name

.....
date of birth

1. is able to take up learning, work at any type of school (subject of study), at any profession.*
2. Work is contraindicated in a profession requiring:**

.....
.....

.....
doctor's signature and stamp

* Underline the one which applies.

** Here the doctor specifies health contraindications, without diagnosis.