MOHOLY-NAGY
művészeti egyetem
university of art and
design budapest

CERTIFICATE

the applicant student's state of health

It is completed by the applicant's student'sdoctor![1]

I certify that

Name:_____

Date of birth:_____

Permanent address:_____

Decree No 51/2007 (III.26) on allowances and certain reimbursements payable by higher education students According to Section 2 (1) (d) of Government Decree, he **or she is disabled or in need due to his state of health,** considering that:

- ☐ has a disability in need of constant or increased supervision or care, or who, because of a disability, regularly requires personal and/or technical assistance and/or services, or
- ☐ has lost at least 67% of their ability to work or has suffered at least 50% impairment of health, a condition that has lasted for one year or is expected to persist for at least another year.

I have issued the above certificate to him on the basis of the opinion/expert opinion/certificate[2] of the body / authority / doctor having the appropriate competence and competence, which he has presented to me in advance for the purpose of issuing this certificate.

Place and date of signature:_____

_____

Signature of a general practitioner/
medical specialist
address of your place of work

Seal

[1] The appropriate answer shall be marked with an X or the missing data shall be filled in.

[2] The corresponding answer must be underlined