

**SUMY STATE UNIVERSITY
MEDICAL INSTITUTE**

ANSWER FORM
OBJECTIVE STRUCTURED CLINICAL EXAMINATION
state certification at the education qualification level «specialist»
in the specialty 7.12010001 «General medicine»

Discipline _____

I, _____(full name), student _____ (group) am in a satisfactory state of health that allows me to pass the examination. I am notified with the rules of the exam and undertake not to disclose the exam tasks.

Date _____ (Signature)

№ station	Answer plan
1	
2	

№ station	Answer plan
3	
4	

Date

Signature