



FYR Macedonia

MEDICAL CERTIFICATE

Olsen, **Carsten Høymann** **29.05.1946**

Last Name of Candidate First Date of Birth DD MM YY

Olsen

I certify that Mr. _____ is in good health, able to perform the proposed functions and fit to travel.

Name and Signature of Medical Doctor

Rømersgade 5, 1. floor, 1362 Copenhagen K, Denmark

Contact address of Medical Doctor: _____

12/12 - 2007
Date of issuance of certificate

ydernr. 00 06 20
læge henrik bardram
rømersgade 5 - 1362 kbh. k
konsultation kun efter aftale
se-nr. 27 97 37 60 - giro 2 23 11 90
telefon 33 15 03 27