

Proof of Status

Herewith we confirm that

- ☐ Mrs./Ms.
- ☐ Mr. _____

- ☐ is a Resident
- ☐ is a Radiotechnologist
- ☐ is a Radiographer
- ☐ is a Sonographer
- ☐ is a Nurse

in our company/institution/organisation.

City, Date _____

Signature and Stamp _____