

## A medical certificate of health for studying at FVM UVPS Brno

Declaration of the applicant:

I declare that to the undersigned physician I truthfully have passed all information about my health, about my possible health limitations and about the medication I use and have not withheld any important details that would have any effect on this confirmation.

In ..... dated on ..... Signature of the applicant  
.....

Hereby I declare, that above signed applicant  
.....

Born on ..... , birth no.  
.....

Permanent ..... address.  
.....

Doesn't suffer from any diseases, handicap or conditions from following list:

Clinically important defects of memory, mind, attentiveness, recognition and orientation

Non-treated, relapsing or chronic psychotic defects (psychotic depression, schizophrenia, delusion)

Non-treated, relapsing or chronic defects of mood (manic, depression, bipolar disorder)

Personality and behavioural disorders due to drug or alcohol abuse

Substantial limitation of locomotion and orientation

Lose of finger(s), arm(s) or leg(s) or their parts

Substantial limitation of limb(s) function

Affections of pelvis or spinal column

Affections of head accompanied by recurring unconsciousness or vertigo

Substantial or complete loss of hearing and/or eyesight

Substantial loss of immunity function

and is medically fit to study in study programme of **veterinary medicine**.

Other messages:

In ..... dated on .....  
.....

Signature and seal of the physician\*

\*to issue this medical certificate is able according to the provisions § 49 art. 1) of the Act No. 111/1998 Coll., on Higher Education Institutions and amending and supplementing some other Acts, a physician in the field of general practise medicine or in the field of general physician for the children and youth.