

**A medical certificate of health for studying**

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 hygiene and ecology**.

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.