



**Medical certificate of medical fitness to study**

**Declaration of the person being assessed:**

I declare that I have truthfully given the undersigned doctor/physician all information about my health, any medical restrictions and any medications I am taking and have not withheld any relevant facts that would contradict this certification.

In ..... on ..... Applicant signature .....

**In hereby confirm** that the undersigned applicant .....,  
born on ....., passport No.: .....,  
permanent residence .....

**is medically fit to study** in the study programme (choose and mark **X**)

Master's degree study programme	Veterinary Hygiene and Ecology	
Bachelor's degree study programme	Animal Protection and Welfare	

of the Faculty of Veterinary Hygiene and Ecology of the University of Veterinary Sciences Brno.

Other announcement:

In ..... on ..... .....

Doctor's sign and stamp\*

*\* the certificate is issued pursuant to Section 49 (1) of Act No. 111/1998 Coll., on Higher Education and on Amendments and Additions to Other Acts, by a doctor in the field of general practical medicine, or in the field of general practitioner for children and adolescents*