UNIVERSITY OF VETERINARY SCIENCES BRNO
Faculty of Veterinary Medicine
Admissions and Study Office

CERTIFICATE OF MEDICAL FITNESS TO STUDY AT FVM VETUNI BRNO

Declaration of applicant:

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

In ..... dated ..... signature of applicant.....

[*place of signature*]

Patient details:

Full name: .....

Date of birth: .....

Permanent address: .....

Physician's statement:

I hereby declare that I have found the above-signed applicant to be physically and mentally fit to pursue studies in Veterinary Medicine in the Master's degree programme at the University of Veterinary Sciences Brno, especially with regard to safety requirements in practical training and professional work.

Additional notes:

In ..... dated ....

[*place of signature*] Signature and stamp of physician*

* According to the provisions of § 49 article 1) of Act No. 111/1998 Coll., on Higher Education Institutions and on Amendments and Supplements to Some Other Acts, as amended, this medical certificate can be issued by a physician in the field of general medical practice or in the field of general medical practice for children and young people.