

Appendix no. 1

MEDICAL CERTIFICATE OF SUITABILITY FOR STUDYING AT FVM UVS BRNO

Declaration of the applicant:

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

In dated on signature of applicant.....

Patient

Full name: Born on:

Permanent address:

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

Other messages:

In dated on

Signature and stamp 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 a general physician for the children and youth.