

Ministry of Education, Youth and Sport of the Czech Republic
Department for International Relations
Karmelitská 7, 118 12 Praha 1 Tel.:257193111 – fax: 257193397

Medical Certificate

Name and Surname of the Candidate:

Date of birth:

Address:

1/ Is it likely that the medical condition of the candidate at the time of issuing this certificate could be worsened when starting the intensive study abroad?

2/ Has the candidate suffered or still suffers from any of the diseases listed bellow?

a/ tuberculosis – enclose X-ray examination results not older than six months

b/ typhoid, of so, submit the report when the test on carrier of infection was carried out and the result of it:

c/ sexually transmitted infections:

d/ mental disorders:

e/ serious diseases of the blood circulation system including the heart disease:

f/ serious diseases of the pulmonary system including chronic disease of the lungs:

g/ serious diseases of the digestion system including the liver disease:

h/ serious diseases of the urinary tract and genital organs:

ch/ any other diseases requiring constant medical control or treatment, such as diabetes mellitus, fits, malignant formations etc.:

i/ further remarks of the physician:

Date:

Signature of the physician:

Name of the physician:

Address:

Stamp: