

# **MEDICAL CERTIFICATE OF HEALTH COMPETENCE WITH STUDY**

under the Decree of Ministry of Foreign Affairs no. 98/2012 Coll. and  
the Decree of Ministry of Foreign Affairs no. 79/2013 Coll.

First name and surname:

Date of birth:

Permanent address:

Study programme:

Field of study:

Form of study:

I hereby certify that the above mentioned applicant is able to study in the required entirety stated by the effective accreditation (theoretical teaching, practical teaching, practice) and to pursue the profession in the above mentioned study programme / field of study.

Date: .....

Official stamp and signature of a general practitioner: .....