OSTRAVSKÁ UNIVERZITA
LÉKAŘSKÁ FAKULTA

Medical assessment of fitness to study at university

according to Ministry of Health Decree No. 98/2012 Coll. and Ministry of Health Decree No. 79/2013 Coll..

University: **Faculty of Medicine, University of Ostrava**
Company ID: 61988987
based at: Syllabova 19, 703 00 Ostrava 3, Czech Republic

Study program (list):
Type of study (select): bachelor's / master's
Form of teaching (select): full-time/ combined

Healthcare provider issuing the assessment:
name:
Company ID number:
address and place of business:
(hereinafter referred to as the "healthcare provider")

Applicant:
First and last name:
Date of birth:
Place of residence:
(hereinafter referred to as the "assessed person")

The assessed person for the the above-mentioned program at a university is

☐ Medically fit
☐ Medically fit with conditions
☐ Medically unfit

with particular regard to occupational safety during practical training and professional practice within the meaning of Annex No. 1 to Decree No. 271/2012 Coll. on the medical fitness of healthcare professionals and other professionals.

* **Statement by the assessed person:**

I declare that I have provided all information about my health condition, health limitations, and medication use.

* Signature of the assessed person:……..

Validity period of the assessment:

In …….. on …… ……
healthcare provider **
stamp and signature

I hereby confirm that the applicant is capable of studying to the full extent required by the valid accreditation (theoretical instruction, practical instruction, practical training) and subsequently performing the profession resulting from the valid legislation of the Ministry of Health of the Czech Republic, which defines the profile of graduates for the above-mentioned study program.

** The assessment is issued pursuant to Section 49(1) of Act No. 111/1998 Coll., on higher education institutions and on amendments and supplements to other acts, by a physician specializing in general practice or, where applicable, in paediatrics and adolescent medicine

Dear Doctor,

We are writing to request a certificate of medical fitness to study in a study program for the medical profession for an applicant to the Faculty of Medicine at the University of Ostrava

We would like to emphasize the crucial role of this confirmation not only for the safety of the student themselves, but also for the safety of the patients with whom they come into contact during practical training. It is very important that the student's health is carefully assessed, as insufficient medical fitness could lead to undesirable situations that would endanger both the health of the patient and, potentially, the student.

We therefore ask you to pay due attention to all aspects that may affect the safe and effective performance of duties in a healthcare environment when assessing health status. Not only will this prevent potential risks to patients, but it will also protect the students themselves from possible deterioration of their health.

The list of diseases, conditions, or defects that directly exclude or limit medical fitness to practice as a physician, dentist, or non-physician healthcare professional is provided in the annex to Decree No. 271/2012 Coll.

Any other health restrictions or disadvantages must always be assessed in relation to the specific study program chosen, considering the performance of the profession in question and any resulting limitations.

Thank you in advance for your diligence and responsible approach in issuing this confirmation.