FACULTY OF BIOMEDICAL ENGINEERING

Certificate concerning medical fitness to study at the university from the academic year 2020/2021

(Enclosure to the application form)

Code of the application form: ……………………………………… Form of studies: regular

Study program: Biomedical and clinical technology

Study branch: Biomedical technician

Surname: …………………………………………………. Surname by birth: ……………………………………………

Name: …………………………………………………. Date of birth: ……………………………………………………

Address: ………

I hereby confirm that the above mentioned person is medically fit to study at the university.

Stamp of the medical doctor:

Date: ……………………………………………………… Signature of the doctor: ………………………………………………….