

**CERTIFICATE OF THE MEDICAL AND PSYCHOPHYSICAL CAPABILITIES TO STUDY AT THE  
UNIVERSITY OF APPLIED HEALTH SCIENCES ISSUED BY A LICENSED PHYSICIAN OF GENERAL  
MEDICINE**

Name and surname of the applicant: \_\_\_\_\_

Date of birth (day, month, year): \_\_\_\_\_

Address of permanent residence (street, house number, postal code, city, country):  
\_\_\_\_\_

**General health requirements for ALL STUDY PROGRAMMES:** Normal cognitive and emotional functioning. Normal psycho-motoric functioning (entails normal mental function, controls of motor and psychological processes within the body). Normal function of the musculoskeletal system (preserved mobility of the spinal column, upper and lower extremities within the physiological limits, normal gross and fine motor skills of the upper and lower extremities). Normal balance and stable state of consciousness. Absence of allergic reactions to professional allergens. Regular immunization according to the valid immunization schedule for each applicant.

**Specific requirements for the study of NURSING:** Normal eyesight without or with correction. Ability to distinguish colours (Ishihara test). Normal hearing without hearing aids or with the use of a hearing aid with the possibility of adapting it to medical instruments. Normal ability for verbal communication and speech expression in a well-articulated manner. Normal cardiovascular function. Normal hand and forearm skin function.). Proper function of the immune system (applicants should not be immunocompromised).

**Specific requirements for the study of PHYSIOTHERAPY:** Normal hearing without hearing aids or with the use of a hearing aid with the possibility of adapting it to medical instruments. Normal ability for verbal communication and speech expression in a well-articulated manner. Normal hand and forearm skin function. Proper function of the immune system (applicants should not be immunocompromised).

After examining the applicant, the available medical documentation and the questionnaire on the applicant's health status, the licenced physician of general medicine delivers an opinion on the medical and psychophysical capabilities to study medicine as follows (circle A or B):

- A) The applicant has no medical or psychophysical difficulties which are an obstacle to study at the following study programmes:

\_\_\_\_\_

- B) The applicant is aware that he/she has health and/or psychophysical difficulties which may present and obstacle to study at the following study programmes:

\_\_\_\_\_

The applicant has the following difficulties:

\_\_\_\_\_

Thea stated difficulties may adversely affect the course of studies. The applicant is aware of this and bears personal responsibility.

The University of Applied Health Sciences may request an additional examination of health requirements in cases where B certificate was issued.

Place and date:

Healthcare institution:

Name and surname of the physician:

\_\_\_\_\_  
*Stamp of the institution*

\_\_\_\_\_  
*Signature and facsimile*