Certificate of medical fitness to study

Candidate		
Name and surname:		
Date of birth:		
Address of permanent residence:		
Study programme(s):		
Type of study:	bachelor / master / doctoral	
The person under consideration is medically fit to study at the Faculty of Chemical Technology,		
Univeristy of Pardubice, Czech Republic.		
Date:	ŗ	

Stamp and signature of the health service provider