

Medical fitness to education assessment

Name and surname of the assessed person: _____

Date of birth: _____

Name of university/faculty: **Palacký University Olomouc/ Faculty of Health Sciences**

Study programme: **PHYSIOTHERAPY**

Medical opinion

In terms of education (including practical training) at the above-mentioned university in the given study programme, the assessed person is:

- a) medically fit without restriction
- b) medically fit with the condition:
- c) medically unfit
- d) has lost long-term medical fitness

Assessing doctor:

Stamp of the medical facility:

Date of issue of the report:

Record of hepatitis B vaccination carried out:

The above-mentioned person underwent vaccination against hepatitis B.

Vaccination (last dose) took place on:

Doctor's signature:

Stamp of the medical facility: