PHYSICIAN'S CERTIFICATE OF MEDICAL FITNESS and HEPATITIS B

Name and Surname: _____

Date of Birth: _____

Permanent Residence:_____

I hereby certify that the above-named individual is medically fit for study in the following field:

- General Medicine[1]
- Dentistry[1]

in accordance with Decree of the Ministry of Health of the Slovak Republic No. 364/2009 Coll. on the criteria for medical fitness of applicants for study in healthcare-related fields[2].

I hereby certify that the above-named individual has been vaccinated against viral **hepatitis B**[3]

Administration of 1st dose of HBV vaccine:

Name of Vaccine: _____

Date: _____

Administration of 2nd dose of HBV vaccine:

Name of Vaccine: _____

Date: _____

Administration of 3rd dose of HBV vaccine:

Name of Vaccine: _____

Date: _____

In (place) _____ on (day) _____

_____

Doctor's Stamp and Signature[4]

[1] Cross out as applicable..

[2] Pursuant to Section 1 of the Decree of the Ministry of Health of the Slovak Republic No. 364/2009 Coll. The health fitness criteria for applicants to healthcare study programs are as follows:

a) a satisfactory overall state of health, as determined following a preventive medical examination;

b) auditory acuity in at least one ear sufficient to hear a whisper at a distance of 5 meters;

c) corrected distance visual acuity in the better eye of at least 6/9, and corrected near visual acuity of Jaeger chart 2 (j.č.2), with a field of vision in the better eye that is not constricted to less than 45° in any direction.

[3] Vaccination against Hepatitis B (HBV), in accordance with Section 7, Paragraph 2, Letter e) of Decree of the Ministry of Health of the Slovak Republic No. 585/2008 Coll. (establishing details on the prevention and control of communicable diseases, as amended), is mandatory for students enrolled in healthcare study programs at higher education institutions.

[4] Compliance with these criteria must be certified by a general practitioner.