

**Ministry of Education, Youth and Sports of the Czech Republic  
Department of International Relations  
Karmelitská 529/5, 118 12 Praha 1, tel.: +420 234 811 111**

**INITIAL MEDICAL CERTIFICATE**

Name and surname of the applicant:

Date of birth:

Address:

- 1) Is the applicant's health – at the time this medical certificate is issued – such that it will not deteriorate in relation to intensive studies abroad?
  
- 2) Has the applicant suffered/Does the applicant currently suffer from any of the diseases given below? If so, please indicate the exact diagnosis, period and development of the disease.
  - a) Tuberculosis – please state the results of chest X-rays no more than 6 months old\*
  
  - b) Typhoid fever (including bacillus carriage) – if yes, please state when bacilli-carriage tests were performed and what their result was
  
  - c) sexually transmitted infections, including infections transmitted mainly through sexual contact (at all stages, and also leprosy, plague, trachoma, parasitic diseases, paratyphoid, cholera, poliomyelitis, diphtheria, shigellosis
  
  - d) Mental disorders
  
  - e) Severe cardiovascular system diseases, including heart disease