

- f) Severe respiratory system diseases, including chronic pulmonary disease
- g) Severe gastrointestinal system diseases, including liver disease
- h) Severe urinary and reproductive systems diseases
- i) Any other diseases that require systematic medical monitoring or treatment (e.g. diabetes mellitus, attacks or seizures, neoplasms, etc.)
- j) Other remarks by the medical doctor:

Date:

Signature of the medical doctor:

Name of the medical doctor:

Address:

Stamp of the medical doctor:

*) Please write down the results in words and do not enclose X-rays!