



## Certificate of Eligibility to Study

Name and Surname:

Date of Birth:

Residence:

I hereby declare that the aforementioned person is eligible to study in a medical study field pursuant to Art. 1 of Regulation of Ministry of Health of Slovak Republic No. 364/2009 Coll.:

In .....

Date .....

.....  
doctor's stamp and signature

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Art. 1 of Regulation of Ministry of Health of Slovak Republic No. 364/2009 Coll.:

- a) overall health condition is suitable,
- b) sharpness of hearing of at least one ear - five meters for whispering,
- c) central visual acuity at distance with at least 6/9 correction in the better eye, at near with J .No. 2 correction with the field of vision of the better eye not narrowed below 45° in all directions.

