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| **Patient Health Confirmation Statement Issued to Demonstrate the Inability to Fulfill Study Requirements at CTVS University of Economics in Prague** | | | | |
| Patient´s Name (Student´s name): | | | | Date of Birth: |
| **I hereby confirm, in my expert opinion, that the patient´s health condition was serious enough to fulfil the criteria of incapacity for work during the time period stated below.** | | | | |
| **The beginning of patient´s health condition:** | | *(only if the condition has remained the same)* **The end of patient´s health condition:** | | |
| Date of Examination: | Name and Surname of the Attending Physician: | | | |
| *(Address and Phone number if not present on the official stamp:)* | | | Readable Stamp, Date and Signature of the Attending Physician: | |
| *(Additional Comments if necessary:)* | | | | |
| **Patient´s Statement on the Personal Data Collection**  I have agreed that the Health Confirmation Statement along with the given personal data will be used for the purposes of processing study records for excusing non-attendance while fulfilling the study obligation and archived at CTVS University of Economics in Prague for the duration of the study.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Patient´s Signature (Student´s Signature) | | | | |