

**CERTIFICATE OF THE MEDICAL AND PSYCHOPHYSICAL CAPABILITIES TO STUDY DENTAL MEDICINE
ISSUED BY THE COMPETENT DOCTOR OF SCHOOL/FAMILY/GENERAL MEDICINE**

NOTE: Only in case there is no doctor of school medicine in your home country, you can provide doctor of family/general medicine certificate

Name and surname of the applicant: _____

Date of birth (day, month, year): _____

Address of permanent residence (street, house number, postal code, city, country):

Health requirements for dental medicine study:

- acceptable eyesight without or with correction;
- ability to distinguish colours (Ishihara test – 24 test plates);
- acceptable hearing without hearing aids or with the use of a hearing aid with the possibility of adapting it to medical instruments;
- normal ability for verbal communication and speech expression without speech impediments and in a well-articulated manner;
- normal function of the musculoskeletal system, torso, upper and lower extremities – preserved functional motility of the vertebral column, upper and lower extremities within the physiological limits, normal gross and fine motor skills of the upper and lower extremities;
- normal balance and stable state of consciousness – absence of severe and permanent conditions;
- normal cognitive functioning;
- normal emotional functioning;
- normal psycho-motoric functioning (entails normal psychologically conditioned motor processes control);
- absence of allergic reactions to professional allergens – drugs (inhalation and contact);
- regular immunization according to the valid immunization schedule for each candidate.

After examining the applicant, examining the available medical documentation and the questionnaire filled in and signed by the applicant, the competent doctor of school medicine delivers an opinion on the medical and psychophysical capabilities to study dental medicine as follows (**circle A or B**):

A) The applicant has no medical or psychophysical difficulties which are an obstacle to study dental medicine and the certificate is issued.

B) The applicant is aware that he/she has health and/or psychophysical difficulties and he/she is personally responsible if they result in difficulties during his/her studies.

The applicant has the following difficulties:

The certificate shall be issued with the specified warning. The certificate should be accompanied by the relevant medical documentation.

The University of Zagreb School of Dental Medicine may request an additional examination of health requirements in cases where B certificate was issued.

Place, country:

Date: _____
(day/month/year)

Health care institution: _____

Doctor of school medicine printed name: _____ Signature: _____

Stamp of the health care institution: