

MEDICAL REPORT

of the applicant for studies at Charles Univ. - Faculty of Medicine in Hradec Králové, Czech Republic

Surname (family) name first name

Date of birth: year month day place (*town, country*)

PREVIOUS MEDICAL RECORD

Candidate's medical history

- Congenital or acquired disability
- Chronic conditions: diabetes, asthma, hypertension, rheumatic, allergy, psychiatric, neurological, others
- Medication (temporary/longstanding)
- Family diseases
- Other information

MEDICAL EXAMINATION

1. Physical examination of the systems
observations
2. Mental health
3. Vision (colour vision if relevant)
4. Hearing
5. Infectious disease (e.g. HIV, TBC, etc.)
6. Hepatitis "B" vaccination *YES / NO* 1st 2nd 3rd

MEDICAL CONCLUSION

1. Candidate is in a good health and hence able to commence medical studies **YES / NO**
2. Other conclusions

.....
place

.....
date

.....
physician's name and signature

official stamp, address, tel. No. or fax No.