

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
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.