**MEDICAL REPORT**

***for the study applicant at the University of Hradec Králové, Czech Republic***

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Surname (family name)…………………………………… First name…………………………………………

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

***PREVIUOS MEDICAL RECORD***

Candidate’s medical history

* Congenital or acquired disability………………………………………………………………………
* Chronic conditions: diabetes, asthma, hypertension, rheumatic, allergy, psychiatric, neurological, other…………………………………………………………………………..

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* Medication (temporary/longstanding)……………………………………………………………….
* Family diseases…………………………………………………………………………………………………
* Other information……………………………………………………………………………………………...

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***MEDICAL EXAMINATION***

1. Physical examination of the systems………………………………………………………………………… observations……………………………………………………………………………………………………………
2. Mental health…………………………………………………………………………………………………………...
3. Eyesight (colour sight if relevant)……………………………………………………………………………..
4. Hearing……………………………………………………………………………………………………………………
5. Infection disease (e.g. HIV, TBC, etc.)…………………………………………………………………………
6. Hepatitis ‘B’ vaccination *YES / NO*…………. 1st ………………. 2nd ………………. 3rd ……………….

***CONCLUSION***

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

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 **place date physician’s name and signature**

**Official stamp, address, tel. No. or fax. No.**