

# 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.....
- Medication (temporary/longstanding).....
- Family diseases.....
- Other information.....

## **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*..... 1<sup>st</sup> ..... 2<sup>nd</sup> ..... 3<sup>rd</sup> .....

## **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.**