University of Hradec Králové
Faculty of Science

# MEDICAL EXAMINATION REPORT

For applicants to the Faculty of Science, University of Hradec Králové, Czech Republic
*This medical report must be completed and signed by a licensed physician.*

## APPLICANT INFORMATION

| | |
|---|---|
| Surname (Family Name) | |
| Given Name(s) | |
| Date of Birth | |
| Place of Birth (City, Country) | |

## MEDICAL HISTORY

Congenital or Acquired Disabilities and Health Limitations:_____

_____

Chronic Medical Conditions (e.g. diabetes, asthma, hypertension, rheumatic diseases, allergies, psychiatric disorders, neurological disorders, etc.): _____

_____

Current Medications (short-term or long-term): _____

_____

Family Medical History: _____

_____

Additional Relevant Medical Information: _____

_____

## MEDICAL EXAMINATION

Physical Examination (major body systems and significant findings):

_____

_____

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Mental Health Assessment: _____

_____

Vision (including colour vision if relevant): _____

_____

Hearing: _____

Infectious Diseases (including HIV, tuberculosis, hepatitis, or other relevant conditions):

_____

_____

## HEPATITIS B VACCINATION

☐ Yes ☐ No

Dose 1: _____ Dose 2: _____ Dose 3: _____

## MEDICAL CONCLUSION

☐ The applicant is medically fit to undertake university studies.

☐ The applicant is medically fit to undertake university studies subject to stated conditions or recommendations.

☐ The applicant is not medically fit to undertake university studies.

Conditions, recommendations or comments: _____

_____

## PHYSICIAN INFORMATION

Physician´s Full Name:_____

Medical Institution or Clinic: _____

Address: _____

Place:_____ Date: _____

Physician's Signature and Official Stamp: _____