

## HEALTH CERTIFICATE

Candidate for medical studies at Charles University, Third Faculty of Medicine

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### PERSONAL DATA

1. Surname (Family Name) ..... First Name: .....
2. Date of Birth : Day..... Month..... Year..... place.....
3. Permanent address: Country .....
- Street.....
- City..... postal code .....

### PREVIOUS MEDICAL RECORD

4. Candidate's medical history: congenital or acquired disability .....
- a) chronic conditions: diabetes, asthma, hypertension, rheumatic, allergy, psychiatric, neurological, other .....
- b) medication (temporary/longstanding).....
- c) hospitalization, date, diagnosis .....
- .....
5. Family diseases .....
6. Other information .....

### MEDICAL EXAMINATION

7. Height ..... weight.....kg
8. Blood pressure ..... pulse ..... per minute
9. Physical exam of the systems .....
- observations.....
10. Vision ..... glasses/ correction Rt ..... Lt..... colours.....
11. Mental health .....

### MEDICAL CONCLUSION (delete, if not applicable)

12. Candidate is in a good health and hence able to commence medical studies
13. Other conclusions:.....
- a) second opinion of specialist required (designate).....
- b) required continuous medical observation .....
- c) Relevant diagnosis.....
14. Physician's name and signature: .....
- .....
- Place..... Date.....

Official stamps, addresses, phone or fax

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