

HEALTH CERTIFICATE

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

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
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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:
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- Place..... Date.....

Official stamps, addresses, phone or fax

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