

# MEDICAL REPORT

*of the applicant for studies at Charles University - Faculty of Pharmacy in Hradec Králové, Czech Republic*

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Surname (family) name ..... First name .....

Date of birth: Year: ..... Month: ..... Day: .....

Place of birth (town, country) .....

## PREVIOUS MEDICAL RECORD

Candidate's medical history

- Congenital or acquired disability .....
- Chronic conditions: diabetes, asthma, hypertension, rheumatic, allergy, psychiatric, neurological, others .....
- Medication (temporary/longstanding) .....
- Family diseases .....
- Other information .....

## MEDICAL EXAMINATION

1. Physical examination of the systems (observations) .....
2. Mental health .....
3. Vision (colour vision if relevant) .....
4. Hearing .....
5. Infectious disease (e.g. HIV, TBC, etc.) .....
6. Hepatitis "B" vaccination YES / NO .... 1st ..... 2nd .....3rd .....

## MEDICAL CONCLUSION

1. Candidate is in a good health and hence able to commence pharmaceutical studies : **YES / NO**
2. Other conclusions .....

Place

Date

Physician's name and signature

official stamp, address, phone. No. or fax No.