

MEDICAL CERTIFICATE

Name of Applicant:

Date of Birth:

Past medical history (within five-year period before examination):

General Examination (mark with cross)

	Sight	Hearing	Teeth	Heart	Reflexes
Normal					
Abnormal					

BWR (Bordet-Wasserman Reaction):

FW:

Blood Pressure:

EKG:

X-Ray Examination:

Haematologic Values:

Erythrocytes:

Leukocytes:

Count:

Tests of Liver Function:

ALT: $\mu\text{kat/l}$

S-Glucose: mmol/l

AST:

ALP:

S-Bilirubin: $\mu\text{mol/l}$

Tests of Renal Function:

Urea: mmol/l

Na: mmol/l

Creatinine: $\mu\text{mol/l}$

K:

Uric Acid: $\mu\text{mol/l}$

Cl:

Cholesterol: mmol/l

Urine Analysis:

Protein:

Sugar:

Urobilinogen:

Is applicant suffering from an infectious disease?

Viral:

- Hepatitis:

- Human Immunodeficiency Virus (HIV):

Bacterial:

Mycotic:

Spirochetal:

Protozoan:

Metazoan:

Is applicant suffering from disease of?

Skin, Connective Tissues or Bone:

Bronchopulmonary System:

Cardiovascular System:

Digestive System:

Kidneys:

Liver and Biliary Tract:

Blood and Blood-forming Organs:

Metabolism:

Endocrine System:

Nervous and Neuromuscular System:

Mental disorder:

Allergic disorder:

I confirm that the candidate is in (mark unequivocally):
excellent, good, rather good, rather poor, bad state of health, without any symptoms of infection
and I guarantee the accuracy of the information given above.

Signature: Physician/Affiliation

Address: Date:

To be signed by the applicant:

The undersigned declares that he/she has answered the above questions truthfully and to the best of his/her ability.

In accordance with the Czech regulations the applicant is required to pass general medical examination and blood tests in the Czech Republic.

Applicant's signature:

Place: Date:

Certificate

On the basis of a medical examination I certify that Mr./Mrs.

born on is in good health.

Date Doctor's signature and stamp