Students’ medical form / Hygienic aptitude test

Name:………………………………………………………………………………… Date of birth:………………
Specialisation: Physiotherapy/Nursing/Midwifery (please underline)   Neptun code:………………
Date of registration:……………………………………………………………

Compulsory test results

<table>
<thead>
<tr>
<th>Date</th>
<th>Fecal culture</th>
<th>Chest X-ray</th>
<th>Dermatological test</th>
<th>Lues-serology</th>
<th>Throat culture</th>
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Blood pressure:………………../min…………………Hgmm
Symptoms:…………………………………………………………………………………………………………
…………………………………………………………………………………………………………
Name of practical field: …………………………………………………………………………

ACCEPTABLE / TEMPORARILY ACCEPTABLE / NON ACCEPTABLE

Date: ……………………………….. Signature:………………………………

I, undersigned oblige myself to

1. show up for an extraordinary aptitude test at the doctor on duty in case I experience any symptoms of the following illnesses on me or on the person living in the same household with me:
   - Jaundice
   - Diarrhea
   - Vomiting
   - Fever
   - Throat angine
   - Rash/pimples
   - Other skin disorders (even in case of the smallest suppuration, injury etc.)
   - Eye/Ear/Nose disorders with exudation
2. inform the doctor on duty before returning (after break) to practices in case I experience any symptoms of the above mentioned illnesses.

I am aware that the above mentioned commitment is the precondition of starting my field practice and that all information given by myself will be treated as confidential by the Faculty.
I declare that I do not have any intentionally hidden illnesses.

Date: _________________________    ________________ ________________

signature of examined student