

Students' medical form / Hygienic aptitude test

Name:..... Date of birth:.....

Specialisation: Physiotherapy/Nursing/Midwifery (please underline) Neptun code:.....

Date of registration:.....

Compulsory test results

	Fecal culture	Chest X-ray	Dermatological test	Lues-serology	Throat culture
Date					
Result					

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