**Medical history**

Name: ...................................................................................................................................

Date of birth: ....................... .................................... Country of origin: .............................

**History**

**1/ *Family***

Parents living Father: yes/no Mother: yes/no

Number of brothers and sisters healthy - ill

Parents, brothers and sisters suffered or are suffering from (mark and put down the name of the disease)

cardiovascular diseases

mental diseases

drug addiction (including medicines)

**2/ *Personal***

The examined experienced (suffers from) the following diseases (mark and note the year)

**Infectious**

1. scarlet fever

2. measles

3. rubella

4. mumps

5. pertussis

6. chicken-pox

7. diphtheria

8. malaria

9. hepatitis

10. dysentery

11. typhoid fever

12. parasitary dis.

13. poliomyelitis

14. paratyphoid fever

15. tick-born

16. trachoma

17. tuberculosis

18. encephalitis

19. others

20. others

**Respiratory**

21. tonsillitis (frequent)

22. asthma

23. pneumonia

24. others

**Cardiovascular and blood diseases**

25. inborn heart insufficiency

26. rheumatoid fever

27. hypertension

28. others

**Alimentary tract**

29. repeated diarrhoea

30. constipation troubles

31. gastric troubles

32. gastric ulcer

33. hepatopathias

34. gall bladder diseases

35. diabetes

36. others

**Urinary organs**

37. nephritis

38. inflammation of the urinary tract

39. discharge from the urinary tract

40. others

**Nervous system**

41. spastic fits

42. syncopes

43. encephalomyelitis

44. brain injury

45. others

**Eye**

46. visual debility

47. wears glasses

48. others

**Ear**

49. balance disturbances

50. hearing limitation

51. others

**Skin**

52. rush

53. fungi

54. others

**Allergies**

55. to drugs (specify which)

56. others

**Sexual**

57. gonorrhoea

58. syphilis

59. others

**Gynaecological**

60. fluor

61. miscarriage

62. partus

63. others

**Bone and muscle**

64. deformities of the spine - joints

65. defective posture

66. injuries

67. others

**Mental** ( please, mark one of the answers)

68. complaints: present - absent

69. treated at a psychiatric dept.: yes - no

70. alcoholism: yes - no

71. drug addiction (incl. medicines): yes - no

**Vaccination(received sera against)**

72. small-pox

73. typhoid fever

74. tetanus

75. diphtheria

76. measles

77. poliomyelitis

78. cholera

79. tuberculosis

80. yellow fever

81. others (name)

**Present condition (**subjective feeling)

82. feels well

83. without complaints

**Suffers from the following complaints**

84. fatigue

85. cold sensation

86. headache

87. gastric troubles

88. dysorexia

89. diarrhoea

90. frequent urination

**Surgeries** (put down which)

91.

**Other diseases then already mentioned**

92.

The examined confirms to have given true information about his/her health state and agrees that information on his/her health is currently passed to the school and bodies of the Ministry of Education for the whole time of his/her stay in Czech Republic.

.............................................................. ..............................................................

Date Signature of the examined person