**Medical Form – International Incoming Student**

**Completion of this form is required in order for you to register for classes. Complete in black ink or type.**

|  |  |
| --- | --- |
| **Surname:** | Klikněte sem a zadejte text. |
| **Name:** | Klikněte sem a zadejte text. |
| **Date of birth (dd/mm/yyyy):** | Klikněte sem a zadejte datum. |
| **Contact e-mail:** | Klikněte sem a zadejte text. | **telephone:** | Klikněte sem a zadejte text. |
| **Sending institution:** | Klikněte sem a zadejte text. |
| **Receiving institution:** | Palacký University Olomouc | [ ] Faculty of Health Sciences |
|  | [ ] Faculty of Medicine and Dentistry |
| **Study programme:** | Klikněte sem a zadejte text. |

The above named student

|  |  |
| --- | --- |
| [ ]  | underwent (date) complex vaccination against hepatitis B by three doses of the vaccine according to the application scheme |
| [ ]  | has a sufficient amount of antibodies against HBsAg exceeding 10IU/l (in case the vaccination took place before studies at Palacký University Olomouc) |
| [ ]  | was revaccinated due to the low levels of antibodies in the range of 1 to 9,9IU/l by at least one booster dose of vaccine |

Please indicate ( [x]  ) clearly the correct option from the choice above.

**Date: Physician Signature or Medical Facility Stamp:**

**Immunization against Hepatitis B is required for enrolment at Palacký University Olomouc.**

**Return the confirmed form** before the beginning of classesto**:**

International Relations Office of the respective UP Faculty:

Faculty of Health Sciences – irena.jedlickova@upol.cz

Faculty of Medicine and Dentistry – zuzana.kullova@upol.cz