**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 (  ) 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](mailto:irena.jedlickova@upol.cz)

Faculty of Medicine and Dentistry – [zuzana.kullova@upol.cz](mailto:zuzana.kullova@upol.cz)