

MEDICAL REPORT

I. Name of healthcare service provider issuing report

Full name: _____

Full address: _____

Full name of doctor who issued report: _____

II. Subject of report

Full name: _____

Date of birth: _____

Permanent address: _____

III. Purpose of (reason for) report

To assess medical fitness for the profession of (state profession, e.g. doctor / general nurse) for the purpose of acquiring professional or practical experience in the field of (state the field in which the internship is to be performed) under the direct professional supervision of a medical practitioner in the Czech Republic.

VI. Report conclusion

Based on the results of the medical examination performed on _____, for the purposes of a profession as a medical practitioner, the subject of the report

- is medically fit
- is not medically fit
- is medically fit with restrictions

V. Note

A motion for a review of this medical report may be filed within 10 working days of receipt with the healthcare service provider that issued the report. A motion for a review of the medical report has no suspensive effect if its conclusion implies that the subject of the report is medically unfit or is medically fit with restrictions for the purpose for which the report was issued.

Date of issue of medical report _____

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full name and signature of doctor,
stamp of healthcare service provider

Date medical report received _____

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signature of subject of report