

**EXTRACT FROM A MEDICAL DOCUMENTATION OF A FOREIGN EMPLOYEE
from the country of origin**

Name and Surname

Date of Birth

Address in the country of origin:/Czech.....

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1,Has the person been treated for a long time – e.g. diabetes, allergies, epilepsy, hypertension, oncology diseases etc.? Does he/she currently suffer from some protracted disease?

No

Yes-write them down:

2.Please write the date of tetanus vaccination:

3.Has a person had an infectious disease in the past – e.g. TBC, AIDS, hepatitis chron.?

No

Yes-which one?

4.Does the person currently take any medication regularly?

No

Yes-write them:

5.Has there been any operation in the past?

No

Yes:

I declare that I have provided truthful information about my health and I did not hide any health information.

In..... date.....

Signature.....