online24 s.r.o.
Karlovo náměstí 319/3
120 00 Praha 2

# Entry form

Surname, name, title……
Date of birth……
Employer / name, address/……

Practitioner / name, address/……

Family diseases /e.g. stroke, diabetes, heart attack, high blood pressure, allergies/

……
Your past diseases /e.g. convulsion /epilepsy /, unconsciousness, other diseases /

……
Your past infections /e.g. hepatitis, salmonella, festering skin disease /

……
Minor/ major operations, injuries:

……
Are you currently being treated for any health issues? Which? From when?

……
Medications that you take regularly:

……
Allergie:
……
Date of last tetanus vaccination……

Addictions:
Smoking ☐ yes/ number of cigarettes per day …… ☐ no
Alkohol ☐ no ☐ occasionally ☐ regularly
Drugs ☐ yes/ which drugs…… ☐ no

Are you currently on sick leave? ☐ yes ☐ no

I declare that the above information is true and complete. I have not withheld important information about my health.

In Prague on: …… Signature:……