

EN

## CERTIFICATE OF PREVENTIVE EXAMINATION

STUDENT'S FULL NAME (LAST NA	ME, MIDDLE NAME, FIRST NAME)	STUDENT'S ID	BIRTHDATE
I confirm, that above student 70/2012 Coll. on Preventive I	completed a preventive examinations	on to the extend speci	fied in the Decree No
			DATE OF EXAM.
STAMP:			
		DOCTOR'S SIGNATURE	
	DATE		

According to Act No. 48/1997 and Decree No 70/2012 Coll. on Preventive Inspections, the inspection includes:

1. supplementation of the anamnesis with a focus on changes, risk factors and occupational risks, in the family anamnesis there is a special emphasis on cardiovascular death, the occurrence of hypertension and diabetes mellitus;

<sup>2.</sup> complete physical examination of internal character (including orientation examination of sight and hearing, palpation examination of intraocular

pressure, measurement of blood pressure, measurement of weight);
3. laboratory examination, the content of which is: orientation chemical examination of urine; examination of plasma total cholesterol and plasma lippoproteins (LDL + HDL).