

## HEALTH AND IMMUNISATION QUESTIONNAIRE

Foreign students coming to study in Croatia and applying for student's dorms are required to undergo health examination in order to determine and reduce health risks for dormitory living conditions.

Students are asked to bring doctor's report of pre-existing and existing health issues with the emphasis on chronic and contagious diseases.

The document should give details on vaccinations. Adequate immunization against Morbilli-Mumps-Rubeola (MMR), Tetanus-Diphtheria-Pertussis (TDP, TdPaP) and Hepatitis B (Hep B) is required.

Mantoux test (TB) date and result not older then 6 months is obligatory **(except EU citizens)**.

Name : \_\_\_\_\_

Surname : \_\_\_\_\_

Birth date: \_\_\_\_\_

Sex:

M

F

Address, City, Country: \_\_\_\_\_

Telephone or Cell Phone Number: \_\_\_\_\_

### HEALTH STATUS *(administered by MD)*

Please list pre-existing and current medical conditions of the student and if none please indicate so.

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### IMMUNIZATION STATUS

<i>Vaccine</i>	<i>Dates of given doses</i>						
DTP							
DT							
OPV, IPV							
MMR							
Hep B							
Hib							
BCG							
Mantoux test (result in mm)							

WITH THIS SIGNATURE I CONFIRM THAT STUDENT HAS NO CONTRAINDICATIONS TO LIVE IN A DORM:

DATE

MD PRINTED NAME

MD SIGNATURE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ZDRAVSTVENI UPITNIK

Strani studenti, koji dolaze studirati u Hrvatsku, te žele smještaj u jednom od studentskih domova, moraju obaviti liječnički pregled za studentski dom. Pregled se provodi u svrhu utvrđivanja zdravstvenih rizika za boravak u kolektivu.

Studenti su dužni priložiti liječničku potvrdu o preboljenim ili aktualnim bolestima s naglaskom na kronične i zarazne bolesti.

Potvrda mora sadržavati cjepni status. Potrebna je adekvatna zaštita od ospica, zaušnjaka, rubeole (MMR), difterije, tetanusa i pertusisa (TDP, TDaP) i hepatitisa B (Hep B).

Datum i rezultat Mantoux testa (TBC) ne starijeg od 6 mjeseci je obavezan (osim za državljane EU).

Ime: \_\_\_\_\_

Prezime: \_\_\_\_\_

Datum rođenja: \_\_\_\_\_ Spol: M Ž

Adresa, grad, država: \_\_\_\_\_

Broj telefona: \_\_\_\_\_

### ZDRAVSTVENI STATUS *(ispunjava liječnik)*

Molimo navedite preboljele i trenutne bolesti i stanja studenta, a ukoliko nije bolovao molimo da tako upišete.

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### CJEPNI STATUS

<i>Cjepivo</i>	<i>Datumi</i>						
DTP							
DT							
OPV, IPV							
MMR							
Hep B							
Hib							
BCG							
Mantoux test (rezultat u mm)							

OVIM POTPISOM POTVRĐUJEM DA STUDENT NEMA KONTRAINDIKACIJA ZA ŽIVOT U STUDENTSKOM DOMU:

DATUM

LIJEČNIK

POTPIS LIJEČNIKA

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