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MEDICAL CERTIFICATE

FOR ADMISSION INTO THE CARITAS HOME IVANEC

1. PERSONAL INFORMATION:

1.1. Name*

1.2. Surname*

1.3. D.O.B.

1.4. Address*

2. INFORMATION ABOUT HEALTH STATUS OF PERSON THAT IS LOOKING FOR ACCOMMODATION

2.1. Diagnoses

2.2. Mental illness:

exist _____ (explain)
 not exist

2.3. Contagious disease:

exist _____ (explain)
 not exist

2.4. A person who has been treated for alcoholism:

YES
 NO

2.5. A person who has been treated for TBC:

YES
 NO

2.6. A person who has been treated for hepatitis:

YES
 NO

2.7. Allergies to medications and other allergents:

exist _____ (explain)
 not exist

2.8. Surgeries during lifetime

2.9. Therapy

2.10. Continence:

continent
 incontinent

2.11. Mental status:

oriented
 partially oriented
 disoriented

2.12. Mobility:

full
 partial
 immobile

2.13. Assistance and care by other people:

not necessary
 partially necessary _____ (explain)
 necessary

2.14. Medical care:

necessary _____ (explain)
 not necessary

2.15. Diet food:

necessary _____ (explain)
 not necessary

3. OTHER

3.1. Insurance identification number

3.2. Other notes

3.3. Name of doctor

3.4. Surname of doctor

3.5. Phone

Facsimile and signature of the medical practitioner:

In _____

Date _____

Revision 01 Dated 24.May2012.

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