**ONE-YEAR / ONE-SEMESTER STUDY ABROAD PROGRAM**

**CERTIFICATE OF HEALTH**

 Date of Examination

………./………./……….

|  |  |  |
| --- | --- | --- |
|  Name of applicant: | Sex:  | Photo |
| Date of birth: / /  | Nationality: |
| Passport number: | Age: |
| Present address: |

**LABORATORY EXAMINATIONS**

|  |  |
| --- | --- |
| Height: …………………... Weight:............................... | Physical examination:………………………………………………..Findings:……………………………………………….. |
| Vision: Without glasses CorrectRight: ………………………………(………………)Left: ………………………………. (……………....) |
| Color vision:…………………………………………………………. | Previous illness: |
| Hearing:Right:...............................Left:......................................... |
| Blood pressure: ……………………./……………....mm.Hg |
| Chest X-ray (if available) Findings………………………………………………………... | Remarks (if the applicant is currently taking medicine or undergoing medical treatment, please explain) |
| Urinalysis: Protein Sugar Microscopic……………… ………….... ……………….. |
| The final result of health examination: Excellent Good Fair Poor |
| Signature of Chief Physician: …………………………………………………………………………....Name (type or print):...................................................................................................................................Nam and address of medical facility:......................................................................................................... |