**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 Correct  Right: ………………………………(………………)  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:......................................................................................................... | |