
HEALTH CERTIFICATE

Candidate for MD program

PERSONAL DATA

1. Surname.....first names.....
father's first name.....maiden name.....
2. Date of birth (day/month/year).....place.....
3. Permanent address: country.....street.....
code.....city.....

PREVIOUS MEDICAL RECORD

4. Candidate's medical history:
 - a) Congenital, acquired, body defects.....
 - b) Actual/chronic, e.g. diabetes, asthma, hypertension, rheumatic, allergy, psychiatric, neurological, others.....
 - c) Medication (temporal/longstanding).....
 - d) Hospitalization, date, diagnosis.....
5. Family diseases.....
6. Other information.....

MEDICAL EXAMINATION

7. Height.....cm, weight.....kg
8. Blood pressure.....pulse.....per minute
9. Physical exam, of the systems.....
Observations.....
10. Visionglasses/correction Rt.....Lt.....colours.....
11. Mental Health.....
12. General blood and urine tests.....
13. Tuberculin test: date.....result.....
14. Chest X-ray (can be done separately) date.....result.....
15. Hepatitis/Salmonella/Shigella
Vaccination.....

MEDICAL CONCLUSION (delete if not applicable)

15. Candidate is in a good health and hence able to commence medical studies
16. Other conclusions:
 - a) Second opinion of specialist required (designate).....
 - b) Required continuous medical observation.....
 - c) Relevant diagnosis.....
17. Physician's name and signature:

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Date and place

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Signature

18. Official stamp, address, tel. or fax