

## Certificate of Health

Name in full: \_\_\_\_\_ Age: \_\_\_\_\_.  
( Family Name ) ( First Name )

Address: \_\_\_\_\_.

### I. History (Injury, illness or operation during the past five years)

Injury or illness:

Operation:

II. Examination: Height \_\_\_\_\_ cm Weight \_\_\_\_\_ kg

Check for normal:	( ) Head	( ) Eye
	( ) Ears	( ) Nose
	( ) Pharynx	( ) Neck
	( ) Heart	( ) Lungs
	( ) Abdomen	( ) Reflexes

Describe abnormalities: \_\_\_\_\_.

\_\_\_\_\_.

### III. Summary:

In my opinion the applicant's health and physical condition is:

I believe this applicant ( is / is not ) physically able to study abroad.

Remarks: \_\_\_\_\_.

Signature: \_\_\_\_\_.

Address: \_\_\_\_\_.

\_\_\_\_\_.

Date: \_\_\_\_\_.