

## CERTIFICATE OF HEALTH (to be filled out by a physician) – page 1

NAME OF APPLICANT (in Roman block capitals)	SEX M · F	AGE	DATE OF BIRTH
DEPARTMENT / MAJOR Applied	Program Intended	Bachelor <input type="checkbox"/> Master's <input type="checkbox"/> Master's+PhD <input type="checkbox"/> PhD <input type="checkbox"/>	
PRESENT ADDRESS			

### 1. PHYSICAL EXAMINATION :

Height : \_\_\_\_\_ Cm                      Weight : \_\_\_\_\_ Kg  
 Blood Pressure : Systolic \_\_\_\_\_ mmHg    Diastolic \_\_\_\_\_ mmHg    Pulse Rate \_\_\_\_\_ /min (Regular, Irregular)  
 Eye-sight : Uncorrected    Rt \_\_\_\_\_ Lt \_\_\_\_\_                      Corrected    Rt \_\_\_\_\_ , Lt \_\_\_\_\_  
 Hearing :    Rt \_\_\_\_\_ dB                      Lt \_\_\_\_\_ dB

### 2. ANAMNESIS : Please indicate, with [+] or [-], whether this person had a history of diseases listed below.

Tuberculosis.....     Malaria.....    Rheumaic Fever.....    Epilepsy...                      Kidney Disease...  
 Cardiac Diseases...    Diabetes.....     Allergy.....                      Other Communicable Diseases.

### 3. Present Conditions : Please indicate with +, if you find any disease or abnormality, or with -, if not.

Tonsils, Nose or Throat.....                       Heart or Blood Vessels...                       Lungs or Respiratory System   
 GI or Hepatobiliary .....                       Genito-Urinary System...                       Venereal Disease.....   
 Brain or Nervous System.....                       Skin.....                      Neurologic system.....  
 Blood or Endocrine System..                       Bones, Joints .....                       Mental Illness.....

### 4. If you marked + to any of the above 2 and 3, please describe each disease in detail, and if the applicant is physically handicapped, the abnormality or impairment.

\_\_\_\_\_

### 5. LABORATORY FINDINGS :

Blood test	Result	Unit	normal value
Hb		g/dl	
Hct		%	
WBC		k/uL	
GOT		IU/l	
GPT		IU/l	

Serologic test	Result
VDRL(RPR, TPLA)	
AIDS(HIV Ag,Ab)	
HBsAg	
HCV Ab	

### 6. TB screening test (You can take one of the following tests.)

#### ◆ Tuberculin skin Test (Must be taken after March 1st, 2017)

Date tested : \_\_\_\_\_ Date read : \_\_\_\_\_ Result : \_\_\_\_\_ mm

If your Tb skin test result is positive, you must take a Chest X-ray and report the result.

#### ◆ Chest X-ray Examination (Must be taken after March 1st, 2017)

Film No. \_\_\_\_\_ Date \_\_\_\_\_ Result: \_\_\_\_\_

◆ If there is any finding of tuberculosis, please give your comment about the possibility of transmission to others.

\_\_\_\_\_

### 7. SUMMARY OF THE EXAMINING PHYSICIAN :

◆ The applicant's health and physical conditions are : (Please check)

Excellent  , Good  , Fair  , Poor  .

◆ Is the applicant physically able to go abroad for study? (Please check)

Yes  No  .

