

Health Certificate

| | |
|---------------|-----------------|
| Name | |
| | (Male / Female) |
| Date of birth | MM/DD/YYYY |

| | |
|-------------|-------------|
| Department | Department: |
| Major | |
| Year | Year: |
| Student No. | |

| Health Checkup items | | | | | |
|--|---|----------------|-----------------------------|--------------------|-----------------------|
| Height: | cm | Weight: | kg | | |
| Chest X-ray | Observations | | General blood counts | White cell count | |
| | Healthy / Detailed examination required / Medical treatment required | | | Red cell count | |
| | | | | Platelet count | |
| | | | | Hemoglobin content | |
| | | | | Hematocrit level | |
| Urine test | Glucose | | Protein | | |
| Vision | Tested with: | | Naked eye | Glasses | Contact lenses |
| | Right | | Left | | |
| Major past and present diseases | | | | | |
| Special instructions | | | | | |
| <p>This is to certify that the above are the accurate results of the health checkup.</p> <p>Date: (MM/DD/YYYY)</p> <p style="margin-left: 100px;">Location</p> <p style="margin-left: 100px;">Name of medical institution</p> <p style="margin-left: 100px;">Name of doctor</p> | | | | | |