**Health Certificate**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Health checkup items** | | | | | |
| **Height:** | cm | **Weight:** | | kg | |
| **Chest X-ray** | Observations | | **General blood counts** | White cell count |  |
| Red cell count |  |
| Platelet count |  |
| Healthy /  Detailed examination required /  Medical treatment required | | Hemoglobin  content |  |
| Hematocrit level |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Urine test** | Glucose |  | Protein |  |
| **Vision** | Tested with: | Naked eye　　　Glasses　　　Contact lenses | | |
| Right |  | Left |  |
| Major past and present diseases（Particulars or additional comments） | | | | |

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| In view of the applicant’s history and the above findings, is it your observation that his / her health status is adequate to pursue studies abroad?  Yes□　　No□ |
| This is to certify that the above are the accurate results of the health checkup. |
| Date: (MM/DD/YYYY) |
| Location: |
| Name of medical institution: |
| Name of doctor: |