

Certificate of Health

Chart _____

Full name: _____

Age: _____ Sex: _____

Date of birth: _____

Nationality: _____

1. Physical Examination:

Height: _____

Blood pressure: Systolic _____ Diastolic _____

Body build: Slender () Medium () Heavy () Obese ()

Vision: Right 20/ _____ Left 20/ _____ Color Vision _____

Corrected: Right _____/15 Left _____/15

Dental Evaluation: Good () Fair () Poor () Needs Attention ()

Clinical Evaluation: _____

	Normal	Abnormal		Normal	Abnormal
Skin			Heart		
Head & Face			Abdomen		
Eyes			Rectum		
Ears			Genitalia		
Mouth & Throat			Extremities		
<i>Nose & Sinuses</i>			<i>Back & Spine</i>		
Neck			Neurological		
Chest & Lungs			Mental		
			Other		

If Abnormal:

2. Chest X-ray Examination

Date taken: _____

Findings: _____

3. Laboratory Examination

Hemoglobin: _____ Gm/ dl

Urine: S.G. _____ Albumin _____ Sugar _____ Micro.

Stool for Parasite Oval: _____

Serological Test for Syphilis & AIDS: _____

Other: _____

4. Summary: _____

This is to certify that the above named applicant has gone through a general medical examination and finding indicated here are true to the best of my knowledge.

In my opinion his/her health condition is

Excellent () Good () Fair () Poor ()

Remarks:

Date	
M.D	
Signature	

Hospital or Institute