

Health Certificate

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

Department Major Year	Department: 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					
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					