

Certificate of Health

Confidential. Please send certificate in sealed envelope only.

A. To be completed by the applicant:

I. SURNAME:

FIRST NAME:

DATE AND PLACE OF BIRTH:

NATIONALITY:

ADDRESS:

FIELD OF STUDY:

B. To be completed and signed by the physician:

II. Has the applicant had any serious disease in the last five years (tuberculosis, amoebic dysentery, malaria)?

yes/no

which?

Please state exactly the duration and the nature of the disease. Did any disorders remain?

Has the applicant had any contagious diseases?

Is the result of the tuberculinreaction known?

yes/no

When was it performed?

Result:

Examination

HEIGHT:

WEIGHT:

HEAD:

NECK:

CHEST ORGANS:

a) Heart:

b) Lungs.

State of the lungs obtained by means of a radiograph of the Thorax

BLOOD PRESSURE:

PULS:

EXTREMITIES:

REFLEXES:

PSYCHIC ATTITUDE:

BODY:

a) Liver:

b) Spleen

c) Intestine:

d) Kidneys:

(state condition of urine)

e) Sexual organs:

BLOOD GROUP:

PARTICULAR REMARKS:

How do you judge the health of the applicant: good /fair /poor

Do you think a thorough specialized examination (e. g. x-ray examination or serological analysis) is necessary?

Do you think the health of the applicant permits him to study abroad? yes - no

Against what diseases has the applicant been inoculated?

Special remarks:

Signature of physician: _____

Address of physician: _____

Place and date: _____ Seal: