THE HEALTH EXAM FORM FOR INTERNATIONAL STUDENTS

Whereof the undersigned, Doctor ....., explained that:

Name : .....

Date of birth : .....

Sex : (M / F) *

Address : .....

It has been examined carefully and expressed Healthy / Unhealthy

Health Certificate is used for .....

Height / weight : _____

Blood pressure : _____

Pulse : _____

Blood type: A / B / O / AB *

Color blindness: Yes / No *

* Cross the unnecessary ones

Name of City, dd / mm / 2023

signature :

stamp :

(dr .....)