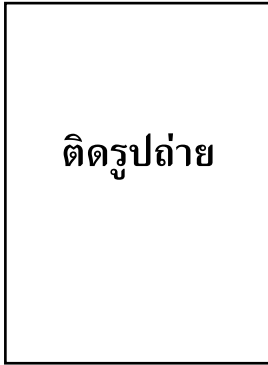


## MEDICAL CERTIFICATE



Place of Examination: .....

Date of Examination: .....

I certify that the above date I examined

Name:.....Age.....Sex  M  F

Date of Birth:.....Marital Status  M  S

Home Address: .....

.....

I examined specifically for evidence of any of the following items:

### A. MEDICAL HISTORY

Have you ever in your life, including childhood, had any of the following:-

<u>Yes</u>	<u>No</u>	<u>detailed information</u>
----	----	Asthma .....
----	----	Hypertension .....
----	----	Hemoptysis .....
----	----	Heart diseases .....
----	----	Diabetes mellitus .....
----	----	Jaundice .....
----	----	Epilepsy .....
----	----	Edema .....
----	----	Otorrhea .....
----	----	Hernia .....
----	----	Hemorrhoid .....
----	----	Accidents .....
----	----	Fracture .....
----	----	Surgical operation.....
----	----	Alcohol consumption.....

Your L.M.P. ....

I certify that the above answers are true and complete, I am aware that any falsification or omission of fact result in my immediate discharge from the scholarship programme.

.....  
(.....) Examinee

**B. PHYSICAL EXAMINATION**

(to be filled in by physician)

**HEIGHT** ..... **cm**  
**WEIGHT** ..... **kg**  
**BLOOD PRESSURE** ...../.....**mmHg**  
**PULSE RATE** ..... **per min**

	<b>Normal</b>	<b>Abnormal</b>	<b>Detected Abnormalities</b>
<b>GENERAL APPEARANCE</b>	_____	_____	.....
<b>SKIN</b>	_____	_____	.....
<b>SCALP</b>	_____	_____	.....
<b>LYMPH NODES</b>	_____	_____	.....
<b>EYES</b>			
<b>VISION -WITH GLASSES</b>			
<b>RIGHT EYE</b>	_____	_____	.....
<b>LEFT EYE</b>	_____	_____	.....
<b>COLOR BLINDNESS</b>	_____	_____	.....
<b>TRACHOMA</b>	_____	_____	.....
<b>EARS</b>	_____	_____	.....
<b>OTOSCOPIC EXAM.</b>	_____	_____	.....
<b>NOSE</b>	_____	_____	.....
<b>PHARYNX &amp; TONSILS</b>	_____	_____	.....
<b>TEETH</b>	_____	_____	.....
<b>THYROID GLAND</b>	_____	_____	.....
<b>LUNGS</b>	_____	_____	.....
<b>HEART</b>	_____	_____	.....
<b>ABDOMEN</b>	_____	_____	.....
<b>LIVER/SPLEEN</b>	_____	_____	.....
<b>HERNIA</b>	_____	_____	.....
<b>EXTERNAL GENITALIA</b>	_____	_____	.....
<b>ULCER</b>	_____	_____	.....
<b>ANUS</b>	_____	_____	.....
<b>SPINE</b>	_____	_____	.....
<b>LOCOMOTOR/SENSATION</b>	_____	_____	.....
<b>REFLEXES</b>	_____	_____	.....
<b>OTHERS</b>	.....	.....	.....

.....**Examiner**

**C. LABORATORY EXAMINATION**

**1. BLOOD EXAMINATION**

**BLOOD GROUP** .....

**HEMOGLOBIN** ..... Gm%

**HEMATOCRIT** ..... %

**BLOOD FILM**

**MALARIA** \_\_\_\_\_NEGATIVE \_\_\_\_\_POSITIVE

**MICROFILARIA** \_\_\_\_\_NEGATIVE \_\_\_\_\_POSITIVE

(For clinical Suspected case only)

**WBC** ..... % CELLS/cu.mm.

**PMN** ..... %

**LYMPH** ..... %

**MONO** ..... %

**EOS** ..... %

**BASO** ..... %

**OTHERS** ..... %

**2. SEROLOGICAL TEST**

**VDRL** \_\_\_\_\_NEGATIVE \_\_\_\_\_ POSITIVE

**3. URINE/URETHRAL EXAMINATION**

**URINALYSIS**

**COLOR** .....

**SP. GRAVITY** .....

**pH** .....

**SUGAR** .....

**ALBUMIN** .....

**BLOOD** .....

**BACTERIA** .....

**OTHERS** .....

**MICROSCOPIC EXAM.** .....

**URINE PREGNANCY TEST**

(FOR FEMALE ONLY) \_\_\_\_\_NEGATIVE \_\_\_\_\_ POSITIVE

**URINE EMIT TEST (opiate, amphetamine, marijuana)**

\_\_\_\_\_NEGATIVE \_\_\_\_\_ POSITIVE

**URETHRAL DISCHARGE SWAB MICROSCOPIC EXAM.**

(FOR CLINICAL SUSPECTED CASE ONLY)

**FINDINGS** .....

**4. BIOCHEMICAL ANALYSIS**

CREATININE .....  
FBS .....  
CHOLESTEROL .....  
TRIGLYCERIDE .....

**5. STOOL EXAMINATION**

**PARASITES**

E. HISTOLYTICA      \_\_\_\_NEGATIVE      \_\_\_\_ POSITIVE  
OTHERS .....

**6. CHEST X-RAY**

FINDINGS .....  
.....

**7. OTHER EXAMINATION**

(SUGGESTED BY CLINICAL EXAM PHYSICIAN)

.....  
.....  
.....

.....

PLACE OF EXAMINATION: .....

DATE OF EXAMINATION: .....

EXAMINER'S NAME : .....

EXAMINEE'S NAME .....

I hereby certify that the examinee is

\_\_\_\_\_ physically ready for study abroad.

\_\_\_\_\_ physically not ready for study abroad.

.....  
SIGNATURE OF MEDICAL  
COMMITTEE

.....  
TITLE

.....  
DATE

## Mental Health Examination

**Examinee's Name:** .....

**Date of Examination:** .....

**Summary of Results:**

I hereby certify that the examinee has no current evidence of psychiatric disturbance that interferes with the ability to study.

**(Signature)**.....

( )

**Psychologist**

**(Date)**.....

**(Affiliation)**.....