



NATIONAL UNIVERSITY OF MONGOLIA

CERTIFICATE OF HEALTH

(to be completed by the examining physician)

Family Name: _____ Given Name (s): _____

Sex (Male/Female): _____ Date of Birth (Day/Month/Year) _____

Place of Birth: _____ Country of Citizenship: _____

1. Physical Examinations

(1) Height _____ cm Weight _____ kg

(2) Blood pressure _____ mm/Hg _____ mm/Hg Blood Type: ABO /RH + -

Pulse: regular / irregular

(3) Eyesight: (R) _____ (L) _____ (R) _____ (L) _____ color blindness: normal
without glasses with glasses or contact lenses impaired

(4) Hearing: normal Speech: normal
impaired impaired

2. Please describe the results of physical and X-ray examinations of applicant's chest x ray (X-ray taken more than 6 months prior to the certification is NOT valid)

Lung: normal Cardiomegaly: normal
impaired impaired

Date _____ Electrocardiograph: normal

Film No _____ impaired

Describe the condition of applicant's lung _____

3. Disease: Treated at Present: Yes (Disease: _____) No

4. Past history: Please indicate with + or – and fill in the date of recovery

Tuberculosis			Malaria			Other communicable		
Epilepsy			Kidney Disease			Heart Diseases		
Diabetes			Drug Allergy			Psychosis		

5. Laboratory tests

Urinalysis: glucose () Protein () Occult blood ()

ESR: _____mm/Hr. WBC count: _____cmm anemia _____

Hemoglobin: _____gm GPT: _____

6. Is the person examined medically free from the acquired immune deficiency syndrome (AIDS)?

7. Is the person examined physically and mentally able to carry on intensive study away from his home?

8. Does the person examined have any condition or defect which might require treatment during his fellowship?

9. In view of the applicant's history and the above findings, is it your observation his/her health status is adequate to pursue studies in Mongolia.

Yes_____ No_____

Date: _____ Signature: _____

Physician's Name in Print: _____

Department Office: _____

Address: _____

Phone No: _____