



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: _____