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MEDICAL STATEMENT for INT'L STUDENTS

I hereby declare that::

Name:

Gender: ☐ Male ☐ Female

Address:

City: Zip Code:

Place of Birth: Date of Birth: DD / MM / YY

Nationality:

Weight: kg Height: cm

Blood Type: Blood Pressure: /

Any serious illness in the last 3 years : ☐ Yes ☐ No

If **yes**, please give details : _____

Medical action/medication that can be taken for first - aid treatment for above problem _____

Any allergic to certain drugs _____

Other important information, if any _____

General Physical Condition: ☐ Good ☐ Fair ☐ Poor

has been examined and is in healthy condition based on a careful examination.

City, Date of the Above Diagnosis (DD/MM/YY)

_____, _____/_____/ 2011

(.....)
Signature & Name of Physician