



Certificate of Health

Note: *This part is to be completed by medical doctor/physician*

Name of Student	Gender: Male/Female
Date of Birth	

Physical and Mental Status

1.	Physical Examination Height : cm Body Weight : kg Blood Pressure :/..... Pulse :/min Urinalysis Protein (.....), Blood (.....), Sugar (.....)
2.	History or Presenting Illness List any significant past medical, illness, surgical or psychiatric conditions
3.	Allergy List any allergies to food or medications
4.	Visual Acuity <input type="checkbox"/> Normal <input type="checkbox"/> With glasses: Right Left
5.	Have you ever had close contact with person known or suspected to have active Tuberculosis (TB) disease? <input type="checkbox"/> No No further testing or further action is required <input type="checkbox"/> Yes We require you to have TB testing as soon as possible before overseas



6.	<p>Vaccination*</p> <p><input type="checkbox"/> 3/3 for a booster dose following a primary 2-dose vaccination series</p> <p><input type="checkbox"/> 2/1 for a booster dose following a single-dose vaccination or a one dose of a 2-dose vaccine administered to a recovered person</p> <p><input type="checkbox"/> Other:</p> <p>*Please kindly attach including the application documents the card or certificate as a proof of a vaccination as a requirement to enter Indonesia.</p>
7.	<p>Recommendation regarding travel/study abroad</p>

<p>I hereby certify that the applicant's health conditions are as above described.</p>	
Signature_____	Date_____
<p>(Full Name)</p>	
Hospital/Clinic_____	
Address _____	