



Health Certificate for Medical Practice Application

Basic Data

Full Name: _____

Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Passport No.	
Date of Birth	
Nationality	Somaliland
Age	
Phone No.	+252

Your Photo

Laboratory Examinations

A. Tests for Tuberculosis: Result: ☐ Passed ☐ TB suspect

- a. Chest X-ray Findings: ☐ Normal ☐ Abnormal _____
- b. Tuberculosis sputum test: ☐ Positive ☐ Negative

B. Serological Tests for Syphilis: Result: ☐ Passed ☐ Failed

- a. ☐ RPR ☐ VDRL
- ☐ Positive ☐ Negative

C. Proof of Positive Measles and Rubella Antibody or Measles and Rubella Vaccination Certificates: (antibodies report attached)

- a. Antibody Tests
- Measles Antibody ☐ Positive ☐ Negative
- Rubella Antibody ☐ Positive ☐ Negative
- b. Vaccination Certificates ☐ Measles ☐ Rubella

The final result of health examination:

☐ Passed ☐ Need further examinations

Signature of Physician: _____

Date: _____ DD/ _____ MM/ _____ YYYY

Note: The certificate is valid for three months.