

# Health Certificate for Medical Practice Application



(Hospital's Name, Address, Tel, Fax)

## Basic Data

Field	Value
Name	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
ID No.	
Passport No.	
Date of Birth	
Nationality	
Age	
Phone No.	

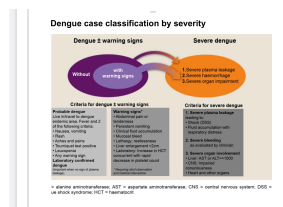


Figure 1: Photo

## Laboratory Examinations

### A. Chest X-ray for Tuberculosis:

Findings:

Result: ☐Passed ☐TB suspect ☐Pending ☐Failed

☐ Not required for pregnant women or children under 12 years of age

## B. Stool Examination for Parasites:

- ☐Positive, Species: \_\_\_\_\_ ☐Negative
- ☐Other parasites that do not require treatment: \_\_\_\_\_
- ☐Not required for applicants from countries/areas listed in Appendix 3

## C. Serological Tests for Syphilis:

Tests: a. ☐RPR ☐VDRL ☐Positive, Titers \_\_\_\_\_ ☐Negative, Titers \_\_\_\_\_ b. ☐TPHA ☐TPPA  
☐FTA-abs ☐TPLA ☐EIA ☐CIA ☐Positive, Titers \_\_\_\_\_ ☐Negative, Titers \_\_\_\_\_ c. ☐Other  
\_\_\_\_\_ ☐Positive, Titers \_\_\_\_\_ ☐Negative, Titers \_\_\_\_\_

Result: ☐Passed ☐Failed

☐Not required for children under 15 years of age

## D. Proof of Positive Measles and Rubella Antibody or Measles and Rubella Vaccination Certificates:

- a. Antibody Tests Measles Antibody ☐Positive ☐Negative ☐Equivocal Rubella Antibody ☐Positive ☐Negative ☐Equivocal
- b. Vaccination Certificates ☐Measles Vaccination Certificate ☐Rubella Vaccination Certificate
- c. ☐Having contraindications, not suitable for vaccination

## The final result of health examination:

☐Passed ☐Need further examinations ☐Failed

Signature of Chief Medical Technologist: \_\_\_\_\_

Signature of Chief Physician: \_\_\_\_\_

Signature of Superintendent: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ YYYY MM DD

Note: The certificate is valid for three months.