

CERTIFICATE OF HEALTH

(to be completed by the examining physician)

Please fill out the following in English.

Name: NGUYEN TRANG THI BICH
Family Name First Name Middle name

Date of Birth (yyyy/mm/dd): 17/01/1999 ☐ Male ☒ Female

1. Physical Examination

1.1 Height: 162 cm Weight: 53 kg

1.2 Blood pressure: 110/80 mm/Hg Blood Type A B O RH +

Pulse ☒ Regular ☐ Irregular

1.3 Eyesight: (R) 8/10 (L) 8/10 (R) 19/10 (L) 19/10 Color vision ☒ Normal ☐ Impaired
Without glasses With glasses

1.4 Hearing ☒ Normal ☐ Impaired Speech ☒ Normal ☐ Impaired

2. Disease currently being treated: ☐ Yes, _____ (Disease name) ☒ No

3. Medical history: Check any of the diseases suffered by the applicant in the past and fill in the date of recovery. If the applicant did not suffer from any of the diseases, check None.

- ☐ Tuberculosis ☐ Malaria ☐ Other communicable disease _____
☐ Epilepsy ☐ Kidney disease ☐ Heart disease _____
☐ Diabetes ☐ Functional disorder in extremities _____
☐ Food allergy ☐ Drug allergy ☐ Asthma _____
☐ Mental disorder ☐ Cancer _____
☒ None

4. Did the applicant had any other serious medical conditions or problems not listed in number 3?

☐ Yes _____ (disease name and date of recovery) ☒ No

5. Please give your impression of the applicant's health.

Her health condition is stable.

6. In view of the applicant's medical history and the above findings, is the health condition of the applicant adequate to pursue a short-term study abroad?

☒ Yes ☐ No

Date (yyyy/mm/dd): 15/10/2019 Signature of Physician: _____

Physician's Name in Print: _____

Name of Office/Institution: _____

Address: _____



Dr. Nguyễn Thị Hùng
Deputy Medical Director
Phó Giám đốc Y khoa

Bệnh Viện FV
Công Ty TNHH Y Tế Viên Đông Việt Nam
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