

CERTIFICATE OF HEALTH

(to be completed by the examining physician)

Please fill out the following in English.

Name: Chaudhry Waseem
Family Name First Name Middle name
Date of Birth (yyyy/mm/dd): 1993/02/28 ☒ Male ☐ Female

1. Physical Examination

1.1 Height: 176 cm Weight: 66 kg
1.2 Blood pressure: 120/80 mm/Hg Blood Type

A	B	O

RH	+
	-

Pulse ☒ Regular ☐ Irregular
1.3 Eyesight: (R) 20/20 (L) 20/20 (R) / (L) / 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.

SEHAT DAN TIDAK CACAT

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

Signature of Physician: _____

NORMAL

Physician's Name in Print: _____

Dr. Marita Febiana Apriliani, Sp.M
SIP. 445/720-Dinkes/140-SIP-II-Dsp/10/16

Name of Office/Institution: _____

Address: _____



445/12449-DINKES/642-SIP-I-DSP/IX/217