CERTIFICATE OF HEALTH

(To be completed by an examining physician)

Note: All items in the form must be completed. Incomplete form will not be accepted.

Please fill out in English block letters

Full Name : RI	EV.						
Passport No. :				Issued D	ate		
Date of Birth:	(dd/ mm/	уууу)]				
(1) A1	re you under	medica	l treatment	?	No Yes		
If	yes, (Condit	ions? P	articulars :		•••••)
(2) M	edical histor	y : Plea	se check N	o / Yes and fill in the dat	te of re	ecovery	
Description	No	Yes	dd/mm/yy	Description	No	Yes	dd/mm/yy
Tuberculosis				Malaria			
Other communicab disease	le			Epilepsy			
Kidney disease				Heart disease			
Diabetes				Drug allergy			
Psychosis				Functional disorder in extremities			
(3) Ph	nysical exam	ination					
1. Heig	ght :		cm	Weight:		kg	
2. Blood pressure :mmHg Pulse Regular Irregular							
3. Bloo	od Group:]		Imregu	nar	
4. Free	from Sexua	lly Tran	smitted Inf	Yes No			
5. Hear	ring:	Norma	ıl	Speech:	Norm	al	

	Impaired Impaired
6.	Anemia : No Yes
7.	Breath Sound : Normal Impaired
8.	Heart Sound : Normal Impaired
9.	Cardiomegaly: No Yes
(4)	Please describe the result of X-ray examination of the applicant's chest. The examination date and Film No. are exclusively needed. (X-ray taken more than 2months prior to this examination are NOT valid)
	Lungs : Normal Impaired
Date	Age: Age:
File No.	:
Describe the	condition of the applicant's lungs.
(5)	In view of applicant's medical history and the above findings, do you think that his health status is adequate to meet the demands of studies in Sri Lanka?