



## BHIKSU UNIVERSITY OF SRI LANKA 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 : REV. \_\_\_\_\_

Passport No. :  Issued Date

Date of Birth :     
(dd / mm / yyyy)

(1) Are you under medical treatment? ☐ No  
☐ Yes

If yes, (Conditions? Particulars :.....)

(2) Medical history : Please tick appropriately Yes / No and fill in the date of recovery.

Description	No	Yes	dd/mm/yy	Description	No	Yes	dd/mm/yy
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Malaria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other communicable disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Drug allergy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Psychosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Functional disorder in extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

(3) Physical examination

1. Height : \_\_\_\_\_ cm Weight : \_\_\_\_\_ kg

2. Blood pressure : \_\_\_\_\_ mmHg Pulse ☐ Regular  
☐ Irregular

3. Blood Group :

4. Free from Sexually Transmitted Infections : ☐ Yes  
☐ No

5. Hearing : ☐ Normal  
☐ Impaired

Speech : ☐ Normal  
☐ 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 :     
(dd/ mm/ yyyy)

Age :

File No. :

Describe the condition of the applicant's lungs.

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- (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 ?

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.....  
Date

.....  
Signature and Seal of the Certified  
Physicien