

HEALTH CERTIFICATE

Name		Date of Birth:	Month	/Day	/Year	Male	Female
Address	Nationality :						
Height	.	cm	Blood Chemistry	Laboratory Data	Reference Range		
Weight	.	kg	WBC				
Eyesight	R (.) L (.)		RBC				
	with glasses: R (.) L (.)		Hgb				
Auditory Acuity	R	1000Hz · 30dB	normal · impaired	Hct			
		4000Hz · 25dB	normal · impaired	Total Protein			
	L	1000Hz · 30dB	normal · impaired	AST			
		4000Hz · 25dB	normal · impaired	ALT			
Blood Pressure			-GTP				
			LDL -Cholesterol				
Chest X-ray	Date of Exam. / /		Triglyceride				
	Film No.		HDL -Cholesterol				
	Chest X-ray Findings:		Uric acid				
			Creatinine				
			Urinalysis: Sugar	- ± + 2+			
			Protein	- ± + 2+			
ECG Readings			Occult blood	- ± + 2+			
Comments:							

I hereby certify the above diagnosis.

Name of the Clinic of Medical Office:

Date: / /

Address:

Phone:

Physician's Name: