

MEDICAL CERTIFICATE

| | | | | | |
|---------------------------|----|--------|---------------------|---------------|----|
| ID: | | NAME: | | SEX: | |
| DATE OF EXAMINATION : / / | | | DATE OF BIRTH : / / | | |
| HEIGHT | cm | WEIGHT | kg | STANDARD Wt . | kg |
| | | | | %OBESITY | % |

RESPIRATORY & CARDIOVASCULAR SYSTEM:

EKG: B.P. : / mmHg

GASTROINTESTINAL TRACT SYSTEM:

FECES BLOOD: PARASITES:

BLOOD CHEMISTRY:

| | | | | | | | |
|-----|-----------------------------------|-----|-------|--------|-------|-----|-----------------------------------|
| RBC | x10 ⁴ /mm ³ | Hb | g/dl | Ht | % | WBC | x10 ³ /mm ³ |
| AST | U | ALT | U | -GTP | | ZTT | U |
| ALP | g/dl | LDH | U | T.Chol | mg/dl | TG | mg/dl |
| UA | g/dl | FBS | mg/dl | T.Bil | mg/d | | |
| TP | g/dl | A/G | | | | | |

SERO-IMMUNOLOGICAL TESTS:

HAAb HBsAg HBsAb HCVA b HIV
 ESR mm/hr CRP mg/dl

URINALYSIS: PROTEIN SUGAR BLOOD
 RBC / HPF WBC / HPF CASTS / HPF
 BACTERIA

X-RAY: CHEST ABDOMEN

OTHER EXAMINATION:

DIAGNOSIS: 1. 2.
 3.

REMARKS:

MEDICINE PRESCRIBED:

Physician's Signature: _____