Certificate of Health

To be completed by the examining physician

Please fill out in English. □Male Name: Date of Birth □Female 1. Physical Examinations **Blood Pressure:** mm/Hg mm/Hg A/B/O/ABRH + / -Blood Type: Pulse: ☐ Regular ☐ Irregular Collar Blindness: □ Normal ☐ Impaired Hearing: ☐ Normal ☐ Impaired 2. Describe the results of physical and X-ray examinations of applicant's chest x-ray. X-ray taken more than six months prior to certification is not valid. □ Normal ☐ Impaired Lung: ☐ Impaired Cardiomegaly: ☐ Normal 1 Electrocardiograph:

Normal □Impaired 3. Disease treated at present ☐Yes(Disease: □No 4. Past history Please indicate with + or - and fill in the date of recovery **Tuberculosis** Malaria Other communicable disease **Epilepsy** Kidnev disease Heart disease **Diabetes** Drug allergy **Psychosis** Functional disorder in extremities 5. Laboratory tests Urinalysis: Glucose (Protein (Occult blood) ESR: mm/Hr HIV WBC count: GPT: /cmm Hemoglobin: Anemia gm/dl 6. In view of the applicant's history and the above findings, is it your observation his/her health status is adequate to pursue studies in Egypt? □ NO ☐ YES Date: Signature Physician's Name in Print Office/Institution

Address

^{*}HIV test at governmental hospital after arriving in Egypt is required by the Egyptian Law. In case of test-positive for HIV, the person should be deported.