Enseignement supérieur, Recherche et Science
Québec

Certificate of Health

Chart: _____

Full Name: _____

Age: _____ Sex: _____

Date of Birth: _____

Nationality: _____

Section 1 – Physical Examination

Heith: _____ cm

Weight: _____ kg

Blood Pressure:

- Systolic _____
- Diastolic _____ mhg

Body Build: Slender ☐ Medium ☐ Heavy ☐ Obese ☐

Vision: Right 20/ _____ Left 20/ _____

Color Vision: _____

Corrected: Right 15/ _____ Left 15/ _____

Dental Evaluation: Good ☐ Fair ☐ Poor ☐ Needs attention ☐

Section 2 – Clinical Evaluation

	Normal	Abnormal		Normal	Abnormal
Skin	☐	☐	Heart	☐	☐
Head and Face	☐	☐	Abdomen	☐	☐
Eyes	☐	☐	Rectum	☐	☐
Ears	☐	☐	Genitalia	☐	☐
Mouth and Throat	☐	☐	Extremities	☐	☐
Nose and Sinuses	☐	☐	Back and Spine	☐	☐
Neck	☐	☐	Neurological	☐	☐
Chest and Lungs	☐	☐	Mental	☐	☐
Other	☐	☐	Other	☐	☐

If abnormal:

_____

_____

_____

_____

Chest X-ray Examination

Date taken: _____

Findings: _____

Laboratory Examination

Hemoglobin: _____ Gm/dl

Urine: S.G. ☐ Albumin ☐ Sugar ☐ Micro ☐

Stool for Parasite Oval:

_____

Serological Test for Syphilis & AIDS:

_____

Other: _____

Section 3 – Summary

This is to certify that the above named applicant has gone through a general medical examination and findings indicated here are true to the best of my knowledge. In my opinion his/her health condition is:

Excellent ☐ Good ☐ Fair ☐ Poor ☐

Remarks:

_____

_____

Section 4 – Signature

Date YYYY/MM/DD	
M.D	
Signature	

Hospital or Institute