



**UNIVERSIDAD DE COSTA RICA
OFICINA DE ASUNTOS INTERNACIONALES
Y COOPERACION EXTERNA**

HEALTH CERTIFICATE

To be admitted as an international visiting student, the candidate must comply with this Health Certificate. This document must be filled out by medical personnel from University Health Services at the University of origin.

Please type or print clearly.

PART ONE.

The information required in this section must be provided by the candidate.

1. PERSONAL INFORMATION

Name: _____

University of Origin: _____

Major: _____

Gender: Female (___) Male (___)

Permanent home address in country of origin: _____

2. PREVIOUS MEDICAL HISTORY: (Write YES or NO in the space provided)

Allergies _____

Encephalitis _____

Meningitis _____

Anemia _____

Asthma _____

Poliomyelitis _____

Chorea _____

Epilepsy _____

Lung Disease _____

Diabetes _____

Typhoid _____

Malaria _____

Tuberculosis _____

HTA _____

Kidney Disease _____

Rheumatic fever _____

Heart Disease _____

STD's: _____

Musculoskeletal Disease: _____

Other serious infectious diseases: _____

Are you or have you ever been under medical treatment at University Health Services or any other place? What for?

3. Current medical condition: _____

4. Surgical procedures and accidents since childhood: _____

5. Most important family conditions: _____

I, _____ declare that the information provided above is true.

Signature

Date (dd—mm—yy)

SECOND PART

To be filled out by authorized medical staff.

1. Physical examination: (Write N if normal and A if abnormal)

Weight _____ Ears _____ Abdomen _____ Extremities _____
Height _____ Nose _____ Chest cavity _____ Neck _____
Constitution _____ Heart _____ Mouth _____ Throat _____
Lungs _____ Tongue _____ Tonsils _____ Skin _____
Eyes _____ Thyroid _____ Pharynx _____
Genital /urinary _____
Skeletal system _____
Nervous system _____
Lymph Gland _____
Blood Pressure _____
Heart Rate _____

Please indicate irregularities found: _____

2. According to the medical examination performed and the student's medical history, does the candidate have any of the following conditions?

- ____ Hepatitis B o C
- ____ TB
- ____ Cancer
- ____ Serious blood disease
- ____ Diabetes
- ____ Hypertension
- ____ Other serious infectious diseases

3. I, _____, medical professional at _____
(examiner's name) (University's name)
_____ certify that _____,
(student's name)
(____) is (____) is not a suitable candidate to take part in a study abroad program.

Signature:

Seal and Date:
