CERTIFICATE OF HEALTH

Name in full:		
Sex M F	Date of Birth	Age
Occupation:		

1. Please check if you have or had any of the following diagnoses:

Tuberculosis……	Yes ☐ No ☐	Diabetes……..	Yes ☐ No ☐
Hepatitis B, C, D……	Yes ☐ No ☐	Nerve disorder / Psychosis……..	Yes ☐ No ☐
Bronchial asthma…….	Yes ☐ No ☐	Hypertension……..……..	Yes ☐ No ☐
Poliomyelitis……	Yes ☐ No ☐	Hypotension……...	Yes ☐ No ☐
Cancer (Malignant tumor)…..	Yes ☐ No ☐	Cirrhosis of a liver……...	Yes ☐ No ☐
Leukemia……..…	Yes ☐ No ☐	Arthritis……...	Yes ☐ No ☐
Heart disease……	Yes ☐ No ☐	Physical inability……..…	Yes ☐ No ☐
Insult……	Yes ☐ No ☐	Gastric/duodenal ulcer…….	Yes ☐ No ☐
Convulsions……	Yes ☐ No ☐	Kidney disease……	Yes ☐ No ☐
Smallpox…..…….....	Yes ☐ No ☐	Skin disease…….	Yes ☐ No ☐
Rheumatic fever……...	Yes ☐ No ☐	Syphilis……...	Yes ☐ No ☐

Please list other chronic diseases, surgical operations, broken bones, or serious accidents, if any, and indicate the dates of each event:

_____

_____

2. General examination:

Height cm	Weight kg	Eye sight R L	Blood type	Color vision
Eye disease			Hearing R L	
Nose, ear, throat disease				

3. Lung radiograph (fluorography) result (Certificate of examination must be attached):

Normal……☐	Need close examination……☐	Need medical treatment……☐

Date of examination: _____ Stamp

4. Blood examination result (Certificate of examination must be attached):

Date of examination: _____ Stamp

5. Mental examination (Certificate of examination must be attached):

Normal……☐	Need close examination……☐	Need medical treatment……☐

Conclusion (diagnosis) of psychiatrist: _____

_____

Date of examination: _____ Stamp

6. Conclusion of physician:

Applicant's condition is good enough for him/ to study in Russia……Yes ☐ No ☐
Additional remarks:

I hereby certify the above statements are accurate:

Signature _____

Name of physician _____

Address _____

Official stamp Date _____