

MEDICAL STATEMENT

This is to certify that **Ms./Mr.** _____ is in good health and does not suffer of any chronic or kind of illnesses, physical handicaps and any contagious disease that could affect or generate severe repercussions on Public Health according to the 2005 International Sanitary Regulations.

He/She underwent the following tests:

CBC, U/A, Blood Group, Glucose, HbA1C, HBsAG, HIV, Total Cholesterol, HDL, LDL, Triglycerides, Chest X-Ray, Drug screening, Audiogram, EEG, Stress test, Echocardiography and Eye Exam.

Name : **Dr.** _____ **- no:** _____.

Signature :

Stamp :

Date :