



**BIPA PROGRAM
LEMBAGA BAHASA INTERNASIONAL
FAKULTAS ILMU PENGETAHUAN BUDAYA
UNIVERSITAS INDONESIA**

CERTIFICATE OF HEALTH

Note: *This part is to be completed by medical doctor/physicists.*

Name : _____

Sex : _____

Nationality : _____

Place and Date of Birth : _____

Address : _____

<p>Visual Acuity</p> <p>Without glasses Right _____ Left _____</p> <p>With glass or Contact lenses Right _____ Left _____</p>	<p>Auditory Acuity</p>
<p>Chest X-ray</p> <p>Date _____ Film Number _____</p> <p>_____ Routine size</p> <p>_____ Small size</p> <p>(Please check) _____ Normal _____ Tuberculosis _____ Other disease</p> <p align="center">()</p>	<p>Any disease or disorder else</p>

I hereby certify that the applicant's health conditions are as above described.

Signature

Doctor's Name _____ Date _____

Hospital/Clinic _____

Address _____

Hospital Stamp