**HEALTH CERTIFICATE**

**For the Clinical Training**

**Riga Medical College of the University of Latvia**

**PERSONAL DATA**

|  |  |
| --- | --- |
| Surname (s)Date of birthPermanent address | First name (s)Place of birth |

**PREVIOUS MEDICAL RECORD**

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| --- |
| 1. Candidate’s medical history:

a) congenital or acquired disability:b) chronic conditions: diabetes, asthma, hypertension, rheumatic, allergy, psychiatric, neurological, others: c) medication (temporary / longstanding):d) hospitalization, date, diagnosis:1. Family diseases:
2. Other information:
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**MEDICAL EXAMINATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Height (cm): |  | weight (kg): |  |  |
| Blood pressure: |  | Pulse: |  |  |
| Physical exam. of the systems: |  |  |  |
| Mental health: |  |  |  |  |
| General blood and urine tests: |  |  |  |
| Tuberculin test: |  | Date: | result |  |
| Chest X-ray (can be done separat.): | Date: | result |  |
| MRSA test: |  | Date: | result |  |
| HBV test: |  | Date: | result |  |

**MEDICAL CONCLUSION**

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| --- |
| Candidate is in a good health and hence able to commence medical studiesPhysician’s name and signature: Place……………………………… date ………………………….. sign ………………………. Official stamp |