**HEALTH CERTIFICATE**

**For the Clinical Training**

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

**PERSONAL DATA**

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

**PREVIOUS MEDICAL RECORD**

|  |
| --- |
| 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: |

**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**

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