UNIVERSITAS INDONESIA

Certificate of Health

Note : *this part is to be completed by doctor/physicist*

Name of Applicant :

_____

Visual Acuity Without glasses Right _____ Left _____ With glasses or contact lenses Right _____ Left _____	Auditory Acuity
Chest X-ray Date _____ Film Number _____ ___ Routine size ___ Small size (Please check) _____ Normal _____ Tuberculosis _____ Other disease ( )	Any disease or disorder else
I hereby certify that the applicant's health conditions are as above described. Signature _____ Date _____ *(Full Name)*	