



Walailak University
Health Certificate

At

Date..... Month..... Year.....

I, (Full name),
am a medical doctor, holding a medical practice license number
place of practice (Name of hospital)
Hospital's address

I undertook a medical examination of Mr/Mrs/Miss
Nationality Passport No.
On date month..... year.....

I hereby certify that Mr/Mrs/Miss

- is is not a disabled person who is not capable of working.
- suffers does not suffer from mental disorder/sickness/retardation.
- shows does not show symptoms of drug addiction.
- is is not a chronic alcoholic.
- presents does not present symptoms of contagious leprosy.
- suffers does not suffer from contagious tuberculosis.
- shows does not show symptoms of elephantiasis.

Comment and recommendation

I hereby certify that Mr/Mrs/Miss
is in good physical and mental health.

Signed..... (Medical Doctor)

On date month year

Official stamp of the hospital is required.

- Important**
- (1) This certificate has to be signed by a registered medical doctor and by an official stamp of the hospital.
 - (2) Examination must be undertaken at a hospital only.