

MEDICAL STATEMENT

(Statement of Good Health)

Students/Patient

Name :
Nationality :
Date and placeofbirth :
Address :

I have examined the individual named above and to the best of my knowledge, she/he is in good physical and mental health, free of any communicable diseases and is able to participate in his/her upcoming semester abroad in Bali, Indonesia.

By signing below I certify that the above information is true.

Doctor's name :
Office Phone Number :
Date of Examination :

Office Address:

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Signature & Office Stamp (If Available)

