



**MEDICAL STATEMENT FORM
INTERNATIONAL VISITOR**

As a doctor/physician, I have checked the health condition of the student listed below.

Name on Passport :
 Sex : Male / Female
 Date of Birth (DD/MM/YYYY) :
 Age : ____ years old
 Nationality :
 Home University :
 Blood Type :

Please circle your answer

Vegetarian	YES / NO	Drinking Alcohol	YES / NO
Smoking	YES / NO	Wheelchair	YES / NO

Please circle your answer

The student's health conditions are listed below.			
Weight & Height	kg / cm	Blood Pressure	/
Food Allergy	YES / NO ALERGY If YES, give list below:	Medicine Allergy (Circle your choice)	YES / NO ALERGY If YES, give list below:
The illness or health issue that the student has now or experienced in the past 6 months			



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List of medicines that the student must take regularly and the frequency of taking each medicine (once a day/twice a day/only when relapse) *

* According to Indonesian immigration regulations, international students must provide a statement from their doctor explaining the quantity of medicine they use each day and a list of the prescriptions, as well as a copy of their original prescription.

Based on the result above, I hereby declare that:

- I have checked the student based on careful and thorough examination.
- The student is regarded generally healthy and hence is permitted to go and study in Indonesia.

Country / Date of Examination above this line

Signature or Stamp and Name of Doctor/Physician above this line