



Universitas Muhammadiyah Surakarta
CERTIFICATE OF HEALTH

Date of examination

...../...../.....

DD/MM/YYYY

Health Certificate

I hereby certify that I have this day examined

Mr. /Mrs. (cross one)

And found that he / she (cross one) is NOT a lunatic, an idiotic or mentally deficient, is not suffering from epilepsy, leprosy, syphilis, active tuberculosis or any infectious or contagious or other disease which is likely to render him / her (cross one) an danger to the health of community.

Signature and stamp

.....
(Name of doctor conducting examination)

Address:

.....
Telephone: