MEDICAL CHECK-UP FORM

Student Name: _____________________________  Date: ______________
Home University: ___________________________
Major/Program: _____________________________
Period of Study at the Host University: __________

As part of the Student Exchange requirements, applicant shall undertake the following medical tests.

1. X-ray
2. Urinalysis
3. Complete Blood Count (CBC)
4. Physical Examination

Medical Certificate of the student shall be forwarded to the Admissions and International Programs of MAPUA by the Home University along with the copies of all laboratory results.