



CONFIDENTIAL

- Approved
 Not Approved

Campus Doctor

Student No.: ---

PART I (This part is to be completed by the applicant.)

Name in Full: _____
(as given in your Application Form. Use BLOCK LETTERS)

Name in Chinese, if applicable: _____

Sex: _____ Date of Birth: _____

E-mail: _____

Address: _____

Telephone No.: _____

E-mail: _____

*Affix a recent
Passport-size
photograph here*

Name of Parent/Guardian: _____

Name in Chinese of Parent/Guardian. If applicable: _____

Relationship to Applicant: _____ Telephone No.: _____

1. Have you or has any member of your family ever had any serious illness? If so, state nature of disease and relationship of patient to applicant.

2. Have you or has any member of your family ever been under treatment for tuberculosis? If yes, give relationship. _____
3. Have you or has any member of your family ever suffered from mental illness, syncope or epilepsy, or has been treated in an institution for any of these illness?

4. Are you sensitive to any particular drug or drugs? _____
5. Is there any family history of asthma or allergy? _____
6. Have you got the tetanus vaccination? If yes, mention the dates. (Copy of the vaccination certificate must be attached.) (1) _____, (2) _____, (3) _____

I hereby certify in the presence of the Medical Examiner that the information given above is true and correct.

Signature of Medical Examiner

Date:

Signature of student

Date:

