

## Health Evaluation

This form should be completed by an authorized clinic/hospital and then the student should send it to the Scholarship and International Admissions Section at Qatar University within the assigned timeline.

### Student's Information:

Date:  Name:

Gender: M  F  Date of Birth:  Nationality:

Passport Number:

### Purpose of Medical Examination: Fitness Certificate for study at Qatar University

	Normal	Abnormal		Negative	Positive
CXR	<input type="checkbox"/>	<input type="checkbox"/>	Anti-HCV	<input type="checkbox"/>	<input type="checkbox"/>
Creatinine	<input type="checkbox"/>	<input type="checkbox"/>	HCV PCR	<input type="checkbox"/>	<input type="checkbox"/>
	Negative	Positive		Negative	Positive
HIV	<input type="checkbox"/>	<input type="checkbox"/>	RPR	<input type="checkbox"/>	<input type="checkbox"/>
HBsAg	<input type="checkbox"/>	<input type="checkbox"/>	PPD or Quantiferon TB	<input type="checkbox"/>	<input type="checkbox"/>
Anti HBs	<input type="checkbox"/>	<input type="checkbox"/>	Pregnancy Indicator	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> For HBV Vaccination			<input type="checkbox"/> Indeterminate Qantiferon TB		

### Medical History:

Any disease/disorder that requires medication and can affect the quality of life and learning/education like Epilepsy, Autism, Hearing Problems, Bronchial Asthma, Psychiatric Disorders, Physical Disability or any other kind of disability? Please describe and list the taken medication if yes, .....

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### Physical examination:

BP:  P:  Height:  Weight in KG:  Vision R/L:

### DOCTOR'S COMMENTS:

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Fit  Unfit to study abroad Doctor's Signature/Hospital/Clinic stamp: