

**ASIA BAPTIST GRADUATE THEOLOGICAL SEMINARY**  
**P. O. Box 7, Baguio City, Philippines 2600**

**HEALTH CERTIFICATE**

Applicant's Name \_\_\_\_\_ Date Examined \_\_\_\_\_  
Sex \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Temperature \_\_\_\_\_  
Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_ Hemoglobin \_\_\_\_\_  
Heart and Circulation \_\_\_\_\_ Blood Type \_\_\_\_\_  
General Appearance \_\_\_\_\_  
Emotional Status \_\_\_\_\_  
Instability \_\_\_\_\_

At any time has there been contact with active TB where applicant lived or worked? \_\_\_\_\_  
If yes, explain. \_\_\_\_\_

Has applicant undergone any surgery?  Yes  No If yes, state when and type of surgery  
\_\_\_\_\_

Check if applicant has ever received treatment for:  Allergy  TB  Typhoid Fever  
 Hepa A  Hepa B  Nervous Disorder  Others. Please state \_\_\_\_\_

If yes, state date and place treatment was done: \_\_\_\_\_

X-RAY OF CHEST REQUIRED (Please attached report of findings): I re mend \_\_\_\_\_

URINALYSIS REQUIRED (Please attach report of findings): I re mend \_\_\_\_\_

FECALYSIS REQUIRED (Please attach report of findings): I re mend \_\_\_\_\_

The applicant has the following abnormal conditions not mentioned above: \_\_\_\_\_

**PLEASE CHECK:**

I believe  do not believe applicant to be physically qualified to do part-time physical work.  
 I re mend  do not re mend applicant for admission.

Please add any further information that would be helpful to the seminary physician: \_\_\_\_\_

How long, and in what capacity, have you known the applicant? \_\_\_\_\_

Examining Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_