

MEDICAL STATEMENT

(Statement of Good Health)

Students/Patient

Name :

Nationality :

Date of birth :

Address :

I have examined the individual named above and to the best of my knowledge, she/he is in good physical and mental health, free of any communicable diseases and is able to participate in his/her upcoming semester abroad at Udayana University in Bali, Indonesia.

By signing below, I certify that the above information is true.

Doctor's name :

Office Phone Number :

Date of Examination :

Office Address:

Signature & Office Stamp (If available)