

HEALTH STATEMENT

This document MUST be filled by a certified/legal doctor and written in English.

To Whom It May Concern

This is to certify below mentioned person,

Full name : _____

Birth Date : _____

Citizenship : _____

Passport No : _____ Expiry Date: _____

Is examined medically and s/he has no*any disease(s) and is in good/not good* health to participate in the Student Exchange Program at Universitas Gadjah Mada, Yogyakarta - Indonesia. The information contained in this document is true and accurate to the best of my knowledge.

***cross as necessary**

Thank you for your kind attention and cooperation.

Date: _____

Doctor's full name & Signature: _____