Tecnológico de Costa Rica

Costa Rica Institute of Technology
Cooperation and International Affairs Office

Health Certificate

PERSONAL INFORMATION

____
Full Name

Blood Type: __________ RH: _______________

Date of Birth: ___/___/___ Age: ______________

Gender: Male___ Female___

Contact in Case of Emergency

Full Name: _____________________________

Relationship: ___________Phone:___________

Full Name: _____________________________

Relationship: ___________Phone:___________

____
University of Origin

Major/ Faculty: __________________________

Previous Medical History

- ○ Blood Pressure
- ○ Alcoholism
- ○ Asthma
- ○ Epilepsy
- ○ Colitis
- ○ Hemorrhoids
- ○ Migraine
- ○ Mental Disorders
- ○ Claustrophobia
- ○ Anemia
- ○ Cancer
- ○ Hematuria
- ○ Arthritis
- ○ Visual Problems
- ○ Musculoskeletal Disease
- ○ Allergies
- ○ Diabetes
- ○ Typhoid
- ○ Lung Disease
- ○ Bronchitis
- ○ Hernia
- ○ Tuberculosis
- ○ Drug Abuse
- ○ Convulsions
- ○ Paralysis (Polio)
- ○ Haemophilia
- ○ Osteoporosis
- ○ Others

In case an option was marked, please specify the treatment or any other detail that we should know of:

____

____

____

MEDICINE

Do you take any medicine? Yes ○ No ○
Name, Dose, Indications

____
____
____

Surgical Procedures or any other health problems

1.___________________________Year______

2.___________________________ Year_____

3.___________________________ Year_____

ALLERGIES

Are you allergic to any medication? _____________

____

Other types of allergy: _____________________

____

Are you allergic to mosquito bites? _____________

____

Have you ever received anti-allergic injection?

____

For women: Are you pregnant? _______________

TEC
Tecnológico de Costa Rica

I hereby declared that the information provided above is authentic, any omission or misinformation would be my responsibility:

Date: ____

Name: ____

Signature: ____

I hereby declare that this person is a member of our University and suited to undergo a foreign exchange.

Date: ____

Name: ____

Department: ____

Signature: ____

Stamp