



## UNDERGRADUATE STUDENT CERTIFICATION OF HEALTH

\*Please type or print in block letters in English.

I hereby declare

<b>Name</b>	:		
<b>Nationality</b>	:		
<b>Place, Date of Birth (dd/mm/yyyy)</b>	:		
<b>Phone/Mobile</b>	:		
<b>Mailing Address</b>	:		
			<b>City</b>
		<b>Country</b>	<b>Postal/ZIP Code</b>
<b>Email</b>	:		

To be physically and mentally fit as well as free from drug use and allowed to apply for undergraduate program at Universitas Pertamina.

<b>Doctor's Name</b>	:		
<b>Clinic's/Hospital's Name</b>	:		
<b>Clinic's/Hospital's Address</b>	:		
<b>Signature (Stamp of Clinic or Hospital)</b>	:		

Applicant's Signature: \_\_\_\_\_

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