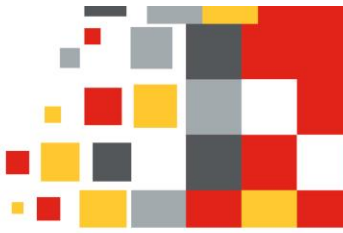




MAPÚA
UNIVERSITY



OFFICE OF INTERNATIONAL,
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MEDICAL CHECK-UP FORM

Student Name: _____

Date: _____

Home University: _____

Major/Program: _____

Period of Study at the MAPUA University: _____

As part of the Student Exchange requirements, applicant shall undertake the following medical tests.

1. Chest X-ray
2. Urinalysis
3. Complete Blood Count (CBC)
4. Physical Examination

Medical Certificate of the student shall be forwarded to the Office of International Career and Exchange Programs of MAPUA by the Home University along with the copies of all laboratory results.

