



Health Evaluation

This form should be completed by an authorized clinic/hospital and then the student should send it to the Scholarship and International Admissions Section at Qatar University within the assigned timeline.

Student's Information:

Date: Name:

Gender: M F Date of Birth: Nationality:

Passport Number:

Purpose of Medical Examination: Fitness Certificate for study at Qatar University

	Normal	Abnormal		Negative	Positive
CXR	<input type="checkbox"/>	<input type="checkbox"/>	Anti-HCV	<input type="checkbox"/>	<input type="checkbox"/>
			<small>Note: If results are positive, follow up with (HCV PCR) Hepatitis C PCR. If results are negative, there is no need for a follow up.</small>		
Creatinine	<input type="checkbox"/>	<input type="checkbox"/>	HCV PCR	<input type="checkbox"/>	<input type="checkbox"/>
	Negative	Positive		Negative	Positive
HIV	<input type="checkbox"/>	<input type="checkbox"/>	RPR	<input type="checkbox"/>	<input type="checkbox"/>
HBsAg	<input type="checkbox"/>	<input type="checkbox"/>	PPD or QuantiFERON TB	<input type="checkbox"/>	<input type="checkbox"/>
Anti HBs	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> For HBV Vaccination			<input type="checkbox"/> Indeterminate Qantiferon TB		

Medical History:

Any disease/disorder that requires medication and can affect the quality of life and learning/education like Epilepsy, Autism, Hearing Problems, Bronchial Asthma, Psychiatric Disorders, Physical Disability or any other kind of disability? Please describe and list the taken medication if yes,

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Physical examination:

BP: P: Height: Weight in KG: Vision R/L:

DOCTOR'S COMMENTS:

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Fit Unfit to study abroad Doctor's Signature/Hospital/Clinic stamp:

