Medical Health Certificate

This certificate is required for enrollment at ITESO University. It is the only acceptable form and should be filled out legibly.
The certificate should be filled out by a registered family doctor or physician of your choice; should any false information be submitted, ITESO University is not legally liable. All information is confidential and only medical and infirmary personnel will have access. The candidate will not be denied access because of a specific illness or sickness. In order for this certificate to be valid, all information requested must be included.

Date _____ Name _____ ITESO Student Number _____

Date of Birth _____ Place of Birth _____ ☐ Female ☐ Male

Personal History

	Yes	No
1. Have you had any epileptic crises?		
2. Have you had any asthmatic crises?		
3. Do you wear glasses?		
4. Do you smoke regularly?		
5. Do you drink alcoholic beverages regularly?		
6. Have you been hospitalized in the last year?		
7. Have you had any major surgery, illness or injury?		
8. Have you ever fainted or lost consciousness?		
9. Are you allergic to any medicine or food?		
10. Are you under medical treatment?		
11. Do you have any limitations to practice sports?		
12. Have you had any limitations to practice sports?		

If the answer to questions 6 to 12 is "Yes", please specify with further information.

_____

_____

_____

Physical Exam

Weight _____

Height _____

Blood pressure _____

Heart rate _____

Respiratory rate _____

Extremities _____

Heart _____

Abdomen _____

Other issues or concerns _____

Recommendations _____

_____

Laboratory Tests (Please write in **numerical** results and not words such as "normal" or "abnormal." Do not attach results.)

Blood test (in numbers)

Glucose _____ Urea _____ Uric acid _____ Blood type _____ Rh _____

Hemoglobin _____ Erythrocytes _____ Leucocytes _____

I certify that I have examined the student in aspects mentioned above, and I consider him/her apt for academic study and physical activities.

Doctor's Name _____ Phone Number _____

E-mail address _____ Signature _____

Information below should be filled in by student

En case of a medical emergency, I should be transferred to: Civil ☐   Private ☐   _____
Hospital   Hospital

Local Contact _____ Local Phone Number _____ _____
Student's Signature

Turn in the completed form to the Registrar's Office.