TUNG LING BIBLE SCHOOL
Marine Parade P O Box 0689 Singapore 914407
Tel : 6345 4353 Fax: 6345 4639
Email: admin@tungling.org.sg
Website : www.tungling.org.sg

CERTIFICATE OF HEALTH

Applicant: *This Health Certificate is a requirement for all foreign students. This is to be submitted <u>in English, hand-signed and certified by your physician, on this Tung Ling Bible School official form only and must be received as soon as possible</u>. Kindly email the completed form, dated and signed/certified by your physician to admin@tungling.org.sg or fax to (65) 6345 4639 and <u>bring the original with you to the school</u>. Thank you for your co-operation.*

School of Ministry Term 1 / 2 Year ________ School of Leadership Year __________

Section A - *Personal Information*

________________________________ Date of Birth____/____/_______ Gender: ❑ M ❑ F
Name (as in the passport) Day Month Year

____
Address Country

For Women Applicants Only

State whether you are pregnant ☐ No ☐ Yes

(Should you become pregnant before your scheduled arrival date, your application will be deferred.)

Physical Examination – *To be completed by a Medical Doctor*

Height: __________ Weight: ___________ Blood Pressure: Systolic _______ Diastolic _________

Please indicate (mark with ✓) if the applicant has suffered any of the following:

Asthma	❑	Malaria	❑	Skin Disease	❑	Hypertension	❑
Diabetes	❑	Epilepsy	❑	Heart Disease	❑	HIV+/AIDS	❑
Gout	❑	Tuberculosis	❑	Blood Disorder	❑	Mental Disorder	❑
Gastric disorder	❑	Cancer/Tumour	❑	Sleep Disorder	❑	(Eg. depression, schizophrenia)	

If yes, please explain the medical disease and state the present condition and treatment:

____

____

Hearing: Normal ❑ Abnormal ❑ Explain_____________________________________

Vision: Normal ❑ Glasses ❑ Contact Lenses ❑ Explain_______________________________

Continued on next page

Physical Disabilities/Deformities

Diet Restrictions

Surgery (if any) and Date of Surgery

List Medications or Drugs Required

Any further comments ______________________________

Physician's Declaration

I certify that I have examined the candidate__________________ and certify that he/she is medically fit to travel and attend the 3-month School of Ministry /5-month School of Leadership * course in Singapore.

Name of Doctor and Qualifications

Official Stamp

Address

Postal Code, Country

Telephone

Doctors Signature ______________________

Date ______________

** delete where applicable*