

## FOREIGNER PHYSICAL EXAMINATIONAL FORM

Full Name <i>Litvin Valeryia</i>	Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Date of birth <i>30/06/1997</i> dd/mm/yy	photo
Address <i>Republic of Belarus, Grodno, Gorkogo st. 80</i>			
Nationality <i>Belarusian</i>	Birth place <i>Republic of Belarus</i>	Blood type <i>A(II) Rh<sup>-</sup></i>	
<p>Have you ever had any of the following diseases or disorders? :</p> <p>(Each item must be answered "Yes" or "No")</p>			
Organic mental disorder with psychotic states ..... <input checked="" type="checkbox"/> no <input type="checkbox"/> yes			
Mental and behavioral disorders due to the use of psychoactive drugs..... <input checked="" type="checkbox"/> no <input type="checkbox"/> yes			
Personality and behavioral disorders ..... <input checked="" type="checkbox"/> no <input type="checkbox"/> yes			
Schizophrenia or schizophrenia-spectrum disorders ..... <input checked="" type="checkbox"/> no <input type="checkbox"/> yes			
Acute and transient psychotic disorders ..... <input checked="" type="checkbox"/> no <input type="checkbox"/> yes			
Affective disorder ..... <input checked="" type="checkbox"/> no <input type="checkbox"/> yes			
Intellectual disability ..... <input checked="" type="checkbox"/> no <input type="checkbox"/> yes			
Dementia ..... <input checked="" type="checkbox"/> no <input type="checkbox"/> yes			
Epilepsy ..... <input checked="" type="checkbox"/> no <input type="checkbox"/> yes			
<p>Have you ever had any of the following diseases or disorders? :</p> <p>(Each item must be answered "Yes" or "No")</p>			
Leucosis ..... <input checked="" type="checkbox"/> no <input type="checkbox"/> yes			
Aplastic anemia in the onset or relapse stage ..... <input checked="" type="checkbox"/> no <input type="checkbox"/> yes			
Type 1 diabetes ..... <input checked="" type="checkbox"/> no <input type="checkbox"/> yes			
Cirrhosis of the liver ..... <input checked="" type="checkbox"/> no <input type="checkbox"/> yes			
Chronic kidney disease ..... <input checked="" type="checkbox"/> no <input type="checkbox"/> yes			
Pulmonary heart disease of any etiology III stage ..... <input checked="" type="checkbox"/> no <input type="checkbox"/> yes			
Chronic cardiac failure of any etiology II B, III stage ..... <input checked="" type="checkbox"/> no <input type="checkbox"/> yes			
Height ..... <i>173</i> .....cm		Weight ..... <i>68</i> .....kg	
Development <i>Normal</i>		Nourishment <i>Normal</i>	
Blood pressure ..... <i>120/80</i> .....mmhg		Neck <i>Normal</i>	
Vision	L <i>0,9</i>	Corrected vision	L
	R <i>0,9</i>		R
Eyes <i>Normal</i>		Lymph nodes <i>Normal</i>	
Colour sense <i>Normal</i>		Skin <i>Normal, clean</i>	
Ears <i>Normal</i>	Nose <i>Normal</i>		Tonsils <i>Normal, not enlarged</i>
Heart <i>Healthy, no murmurs</i>	Lungs <i>No rales, healthy</i>		Abdomen <i>Soft, no pains, liver is not enlarged</i>
Spine <i>Normal</i>	Extremities <i>Normal</i>		Nervous system <i>Normal</i>
Other abnormal findings <i>Not found</i>			

Chest X-ray exam	01.02.2021 №: ..... lungs and heart without pathology	ECG	01.02.2021 Heart rate: 60 per/min. Sinus rhythm Normal electric axis
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<b>Laboratory exam:</b> - HIV - Sexually-transmitted infections (syphilis, ghonnerhea) - HbsAg, HCV blood tests - Urinary test - Bacteriological examination of discharges (feces) in the presence of enteropathogenic intestinal bacteria.	01.02.2021 HIV-negative 02.02.2021 Syphilis, ghonnerhea - negative 03.02.2021 Total blood count: Hb - 134 g/L, leuk - $6,4 \times 10^9/L$ , ESR - 10 mm/h. 04.02.2021 Urinary test - normal 05.02.2021 Bacteriological exam. - normal
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None of the following diseases or disorders found during the present examination:  
Each item must be answered "Yes" or "No")

- Cholera ..... no yes
- Venereal disease ..... no yes
- Hemorrhagic fevers Lassa, Marburg, Ebola..... no yes
- Plague..... no yes
- AIDS..... no yes
- Splenic fever ..... no yes
- Skin disorders (acantholytic, treatment-resistant pemphigus, rapidly progressive skin lymphoma, leprosy) ..... no yes
- Active tuberculosis of various organs and systems ..... no yes
- COVID -19..... no yes

**Suggestion**

Good fitness.  
Eligible for studying abroad



Doctor's Signature .....

Date... 06.02.2021