

Health statement by physician: **The result of THORAX X-RAY**

Foreign degree and exchange students / Turku University of Applied Sciences

The students **must have** the statement with them upon arrival at Turku.

Last name:	First name:	
Birth date:	Sex:	Nationality:

Thorax X-ray (Statement less than 3 months old) findings must be normal (NOT X-ray pictures)
Date of X-ray:
RESULT: _____

Signature of the student: _____

Clarification of name:

Date: _____

Place: _____

Signature of the physician: _____

Clarification of name:

Date: _____

Place: _____

Phone Number: _____

Address: _____

Stamp: