



Health Evaluation

This form is to be completed by the student's physician then returned to the student. Student should send it to the Scholarships and International Admissions Section upon the assigned timeline

Student Information:

Name:

Gender: Male Female

Physician Information

Name:

Contact Number: country code: (.....) / Phone number: (.....)

Address of Physician:

I hereby certify that Ms. / Mr. _____ who has applied to study in Qatar University in the State of Qatar, is medically fit and there is no medical reasons that would prevent her/him from traveling and studying abroad.

In the section below, identify if the student has been found to have any health/psychological problems, medications which required special consideration and / or follow-up treatment while studying abroad (If none, please write NONE)

Signature of Physician

Date