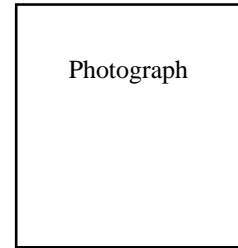




جامعة دبي  
UNIVERSITY of DUBAI



### MEDICAL FORM

School Fitness Manager: .....

Please do the check up for the student/.....  
And provide us with the result as requested below:

- Blood Group

- Medical Fitness

Fit

Doctor Signature: .....

Unfit

Doctor Signature: .....

- Infectious diseases

Null

Doctor Signature: .....

Suffering from the following Infectious diseases:

.....  
.....  
.....

Doctor Signature: .....

School Fitness/Hospital/Clinic **Stamp**

Date: