

**READING UNIVERSITY**  
HEREBY GIVES

\_\_\_\_\_  
GRADUATE

THE DEGREE OF

**DOCTOR OF MEDICINE**



\_\_\_\_\_  
PRESIDENT

\_\_\_\_\_  
DATE



Heartbeat \_\_\_\_\_ bpm

Temperture \_\_\_\_\_ °F

Ears 

Mouth 

Eyes 

Lungs 

Rest   Medicine 



Doctor \_\_\_\_\_

Patient \_\_\_\_\_

Age \_\_\_\_\_ Weight \_\_\_\_\_

Male

Female

Checkup

Sick

Injured



$\frac{20}{200}$

E

1

$\frac{20}{100}$

F P

2

$\frac{20}{70}$

T O Z

3

$\frac{20}{50}$

L E P D

4

$\frac{20}{40}$

P E C F D

5

$\frac{20}{30}$

E D F C Z P

6

$\frac{20}{25}$

F E L O P Z D

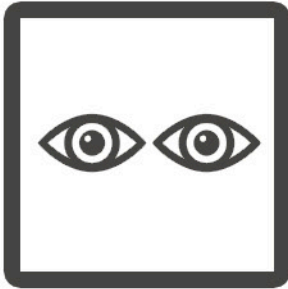
7

$\frac{20}{20}$

D E F P O T E C

8







**GET WELL CENTER**



🕒 **hours**

**9** <sup>am</sup> → **5** <sup>pm</sup>

 → **911**



