MEDICAL REPORT

(To be certified by a doctor/hospital on the panel of the Indian Mission, UN Mission, if any or as designated by Indian Mission)

(i) Name of Applicant:
(ii) Age:
(iii) Sex: (Male / Female)
(iv) Height (cm):
(v) Weight (kg):
(vi) Blood Group:
(vii)Blood Pressure: (viii) Blood Sugar: (Fasting) (PP)

1. Is the person examined in good health at present ?	
2. Is the person examined physically and mentally able to carry out intensive training away from home?	
3. Is the person free of infectious diseases (tuberculosis, trachoma, skin diseases etc)? Yellow fever certificate (in case of people coming from that region or as laid out in WHO Regulations).	
4. Does the person examined has any medical condition or defect which might require treatment during the course ?	
5. List of any observed abnormalities indicated in the chest X ray.	

I certify that the applicant is medically fit to undertake a training course in India.

Name of Doctor/Physician:
_____

Registration No.:
_____

Address of Clinic / Hospital
_____

and City / Town :
_____

Telephone :
_____

E mail: _____ Date:
_____

Signature of Doctor/Physician: _____ Seal of Clinic/Hospital:
_____