

MEDICAL REPORT	
(i) Name of Applicant:	
(ii) Age:	
(iii) Sex: (Male / Female)	
(iv) Height (cm):	
(v) Weight (kg):	
(vi) Blood Group:	
(vii) Blood Pressure (Pulse; A.T):	
(viii) Blood Sugar:	(Pre-prandial) (Peak post- prandial)
1. Is the person examined in good health at present?	
2. Is the person examined physically and mentally fit to carry out intensive training away from home?	
3. Is the person free of infectious diseases (tuberculosis, trachoma, skin diseases etc.)?	
4. Family medical history (Diabetes, Epilepsy, Asthma, CA, Hypertension, Cardiopathy)	
5. Has the person taken Yellow Fever inoculation? Yellow Fever Certificate is mandatory.	
6. Does the person examined have any chronic ailment which may require regular treatment/ medication during the course?	
7. List of any observed abnormalities indicated in the chest X ray.	

<p>8. Does the person require any special assistance to carry out his daily activities? If yes, please specify.</p>		
Laboratory tests		
Test	Date	Results
Serology		
Smear microscopy		
Pregnancy Test		
Blood Count		
Urinalysis		
<p>I certify that the applicant is medically fit to undertake a training course in Colombia.</p>		
<p>Name of Doctor/Physician</p>		
<p>Registration No.</p>		
<p>Address of Clinic / Hospital</p>		
<p>City / Town</p>		
<p>Telephone</p>		
<p>E mail</p>		
<p>Date</p>		
<p>Signature of Doctor/Physician</p>		
<p>Seal of Clinic/Hospital</p>		