

<b>MEDICAL REPORT</b>	
(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)
<b>1. Is the person examined in good health at present?</b>	
<b>2. Is the person examined physically and mentally fit to carry out intensive training away from home?</b>	
<b>3. Is the person free of infectious diseases (tuberculosis, trachoma, skin diseases etc.)?</b>	
<b>4. Family medical history (Diabetes, Epilepsy, Asthma, CA, Hypertension, Cardiopathy)</b>	
<b>5. Has the person taken Yellow Fever inoculation? Yellow Fever Certificate is mandatory.</b>	
<b>6. Does the person examined have any chronic ailment which may require regular treatment/ medication during the course?</b>	
<b>7. List of any observed abnormalities indicated in the chest X ray.</b>	

<p><b>8. Does the person require any special assistance to carry out his daily activities? If yes, please specify.</b></p>		
<b>Laboratory tests</b>		
<b>Test</b>	<b>Date</b>	<b>Results</b>
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>		
Name of Doctor/Physician		
Registration No.		
Address of Clinic / Hospital		
City / Town		
Telephone		
E mail		
Date		
Signature of Doctor/Physician		
Seal of Clinic/Hospital		