

MEDICAL REPORT

1. Name of Applicant:		
2. Age:		
3. Sex (Male/Female):		
4. Height (cm):		
5. Weight (kg):		
6. Blood Group:		
7. Blood Pressure:		
8. Blood Sugar:	(Pre-prandial)	(Peak post-prandial)
9. Is the person examined physically and mentally fit to carry out training away from home?		
10. Is the person free of infectious diseases (tuberculosis, trachoma, skin diseases etc.)?		
11. Has the person taken Yellow Fever inoculation (in case of people coming from Yellow Fever region or as laid out in WHO Regulations)? Yellow Fever Certificate is mandatory.		
12. Does the person examined have any chronic ailment which may require regular treatment/ medication during the course?		
13. List of any observed abnormalities indicated in the chest X-ray.		
14. Does the person require any special assistance to carry out his daily activities? If yes, please specify.		

I certify that the applicant is medically fit

Name of Doctor/Physician:	
Registration No.:	
Address of Clinic / Hospital:	
City / Town:	
Telephone:	
E-mail:	
Date:	
Signature of Doctor/Physician and Seal of Clinic/Hospital:	

