



MALAYSIAN TECHNICAL COOPERATION PROGRAMME SCHOLARSHIP

MEDICAL REPORT (to be completed by an authorized physician within 6 months from the date of application)

Name of Applicant:			
Age:	Gender:	Height: cm	Weight: kg
Blood Pressure:			
Blood Group: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> AB <input type="checkbox"/> O <input type="checkbox"/> Other ()			

1. Any history of surgery?

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 (e.g. AIDS, tuberculosis, trachoma, skin diseases, Covid-19, Hepatitis B, Sexually Transmitted Diseases etc.)?

4. Does the person examined have any condition or defect (e.g. including teeth etc.) which might require long term treatment during the course?

5. List any abnormalities indicated in the chest X-ray (if any):



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6. Pregnancy Test:

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

Name of Physician : _____

Address of Clinic : _____

Telephone : _____

Email : _____

Date : _____

Signature of Physician : _____

Seal of Clinic : _____