

Medical Report

(i) Name of the Applicant	
(ii) Age	
(iii) Sex: (Male / Female)	
(iv) Height (cm)	
(v) Weight (kg)	
(vi) Blood Group	
(vi) Blood Pressure	
(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, skindiseases etc.)?	
4. Has the person taken Yellow Fever inoculation (in case of people coming from Yellow Fever region or as laid out in WHO Regulations)	
5. Does the person examined have any chronic ailment which may require regular treatment/medication during the course?	
6. List of any observed abnormalities indicated in the chest X ray.	
7. 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 to undertake a training course in India.

Name of Doctor/Physician	
Registration No.	
English Language test administered by	
Address of Clinic / Hospital	
City / Town	
Telephone	
Email	
Date	

Signature of Doctor/Physician

Seal of Clinic/Hospital