

# MEDICAL REPORT FORM

Name of Applicant:			
Passport No :			
Age:	Sex:	Height:                      cm	Weight:                      kg
Blood Group:	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> AB <input type="checkbox"/> O <input type="checkbox"/> Other (    )
Blood Pressure:			
Is the person examined at present in good health?		Is the person examined physically and mentally able to carry out intensive training away from home?	
Is the person free of infectious diseases (AIDS, tuberculosis, trachoma, skin diseases etc.)?		Does the person examined have any condition or defect (including teeth) which might require treatment during the course?	
Food Allergies (non-vegetarian/ vegetarian):		Drug Allergies:	
List any abnormalities indicated in the chest X ray:		Pregnancy Test ( for women ):	
<p>I certify that the applicant is medically fit to undertake a course in Malaysia.</p> <p>Name of Physician            : _____</p> <p>Address of Hospital / Clinic : _____ (use Capital Letter)</p> <p>Telephone                      : _____                      Telefax : _____</p> <p>E mail                            : _____                      Date : _____</p> <p>Signature of Physician: _____                      Seal of Hospital / Clinic :</p>			