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| **INDONESIA –ICAO – Developing Countries Training Programme**  **Fellowship Nomination Form** |
| **PART III – NOMINEE’S MEDICAL REPORT**  Note: Every nominee must undergo a medical examination conducted by a registered medical practitioner including thorough clinical and laboratory examination and X-ray of chest. Medical papers (examination, laboratory, X-ray results, etc.) should not be forwarded unless requested. |
| The undersigned, Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, having completed the medical examination  of the nominee Mr./Mrs./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, whose photograph appears below, certifies the following:  ([X] check below as appropriate)  The Nominee: YES NO  1. Is physically able to travel abroad …………………………………………….....  2. Is mentally and physically able to carry out intensive studies ……………..........  3. Is free from infectious diseases ……………………………………………….....  4. Has good hearing ………………………………………………………………..  5. Has good eyesight ……………………………………………………………….  6. Is free from ailments that require treatment or periodic medical examination  during the proposed duration of the fellowship programme.………………...….  Additional comments:  Photograph of Nominee  (to be affixed before examination)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Signature of Medical Practitioner  AFFIX OFFICIAL SEAL OR STAMP  (to be affixed across photograph also) |