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| **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) |