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| **\\Komp3\data (g)\dari TOSHIBA (gita)\logo dephub.png**K:\recovery D acer\Drive D\PPSDMPU\Kegiatan 2013\Diklat Trainair plus TDC\ATHRDC Logo.jpg**NDONESIA Fellowship Training Programs****Fellowship Nomination Form** |
| **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)

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| 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) |