# MEDICAL REPORT

ANNEXURE - II

(To be certified by a doctor/hospital on the panel of the High Commission of India or by any Government hospital)

|  |  |  |
| --- | --- | --- |
| 1. | Name of Applicant: |  |
| 2. | Age: |  |
| 3. | Sex: (Male / Female) |  |
| 4. | Height (cm): |  |
| 5. | Weight (kg): |  |
| 6. | Blood Group: |  |
| 7. | Blood Pressure: |  |
| 8. | 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, skin diseases etc.)? |  |
| 4. | Does the person examined have any chronic ailment  which may require regular treatment/ medication during the training programme? |  |
| 5. | List of any observed abnormalities indicated in the chest X ray. |  |
| 6. | 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 programme in India.
  + Name of Doctor /Physician:
  + Registration No.:
  + Address of Clinic /Hospital:
  + City / Town:
  + Telephone:
  + E mail:
  + Date:

Signature of Doctor/Physician Seal ofthe Hospital