



Medical Certificate

1. Name: _____
2. Date of birth: _____
3. Place of birth: _____
4. Address: _____

5. Person to be notified in case of accident (name & full address): _____

Medical Certificate

To be completed by a registered medical practitioner

6. Past Medical history: _____

7. Present state of health: _____

Physical examination

8. Results of general examination:

Blood pressure: _____ Weight: _____ Height: _____

9. Is the applicant suffering from:

An infectious disease? _____

A skin disease? _____



A mental disorder? _____

Heart troubles? _____

Any other diseases? _____

10. Remarks: _____

11. Is the applicant in good health and able physically and mentally to carry on intensive study in foreign country?

Name of examining physician

Signature of examining physician

Date of examination: _____

To be signed by the applicant:

The undersigned declares that he / she has answered the above questions truthfully and to the best of his / her ability. He / she is aware that the giving of incorrect answers to the questions render the examination invalid, and may lead to cancellation of the scholarship.

Date:

Signature:
