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| **MEDICAL REPORT**  **C** |
| INSTRUCTION: To be completed in duplicate by a registered medical practitioner after a thorough clinical and laboratory examination; a chest X-ray should be included only if clinically indicated. The International Atomic Energy Agency reserves the right to require the applicant to undergo a further medical examination before he/she takes up his/her fellowship. |
| Name of applicant:  Date of birth (year-month-day)      -    -     Female  Male Height (cm):     Weight (kg): |
| 1. If the applicant has been under treatment during the last three years, please describe the condition, the treatment and the present status of the disease(s): |
| 1. What medications are regularly taken by the candidate and what is the reason for each? |
| 1. What is the applicant’s normal blood pressure? |
| 1. Is the applicant in good health and able to work at full capacity? |
| 1. Is the candidate able physically and mentally to participate in intensive training away from his/her home? |
| 1. Is the candidate free from infectious diseases (for example tuberculosis or trachoma) which could present risks for the applicant or people with whom he/she will be in contact during his/her period of training? |
| 1. Does the applicant have any medical condition which might require treatment during his/her period of training? |
| 1. (*If applicable*) Are there any abnormalities indicated by the chest X-ray? |
| *Full name and address of examining physician (printed or typed)*      *Date Signature and stamp of the examining physician* |