Attachment

MEDICAL REPORT

Name of Nominee …… Country…….…….….	Age : ……	Sex : ……

Physical Examination **(To be filled in by physician)**

Height …….Cms. Weight .....….kgs. Blood Pressure …..…….. mm.Hg. Pulse ……..…../min.

Vision Right …..…… Left ……..... Eyes ……..... With glasses/Without glasses

Check each item in appropriate column

Items	**Normal**	**Abnormal**	**Additional Comments**
General	○	○	…….
Skin,Scalp	○	○	…….
Lymph nodes	○	○	…….
Eyes	○	○	…….
Ears :	○	○	…….
Otoscopic Exam			
Nose	○	○	…….
Pharynx & tonsils	○	○	…….
Teeth	○	○	…….
Thyroid gland	○	○	…….
Lungs	○	○	…….
Heart	○	○	…….
Abdomen	○	○	…….
Liver	○	○	…….
Spleen	○	○	…….
Hernia	○	○	…….
External genitalia	○	○	…….
Rectal exam.	○	○	…….
Vertebrae	○	○	…….
Locomotor	○	○	…….
Reflexes	○	○	…….
Mental health status	○	○	…….

LABORATORY EXAMINATIONS

Blood group ……..…. Blood film for malaria …….. Hb ……..…. gm%

WBC ……..…… Cells/cu.mm.

Differential PMN ……. % Lymp ……..…… % Mono ……..…… % Eos ……....….. %

Baso ……..……..… % Band ……..……..… % Blast……..……...… %

Urinalysis : Colour ……..….. Sp. Gr ……..….… pH ……..……. Sugar …….…….

Alb ……...……. Blood …….……..…. Ketones …….……. Blie……

Micro : WBC ……..……./HPF., RBC ……..……./HPF., Epethelial…….…… /HPF.

Casts ……..……./HPD., Others .…….

Stool examination for parasite & Ova ……..……

Chest X – Ray report ……...……

Urine pregnancy test …….……

Is the nominee able physically and mentally to carry on intensive study away from home?

……...……

Is the nominee free from infectious diseases (such as tuberculosis, leprosy, syphillis and filariasis) and other conditions (such as psychosis and drug addiction) which could present risks for anyone during the fellowship period?

……...……

Does the nominee have any condition or defect which might require treatment during the fellowship period?

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Full name and address of Physician signature ……..……..… M.D.

Examining physician (printed) (……...……)

…… Date ……

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