



## MALAYSIAN TECHNICAL COOPERATION PROGRAMME SCHOLARSHIP

### MEDICAL REPORT (to be completed by an authorized physician)

|   |         |  |                                 |
|---|---------|--|---------------------------------|
| Name of Applicant:  |         |  |                                 |
| Age:  | Gender: | Height:                      cm  | Weight:                      kg |
| <b>Blood Pressure:</b>  |         |  |                                 |
| Blood Group: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> AB <input type="checkbox"/> O <input type="checkbox"/> Other (                      ) |         |  |                                 |
| Any history of surgery?   |         | Is the person examined physically and mentally able to carry out intensive training away from home?                      |                                 |
| Is the person free of infectious diseases (AIDS, tuberculosis, trachoma, skin diseases, Covid-19, etc.)?  |         | Does the person examined have any condition or defect (including teeth) which might require treatment during the course? |                                 |
| List any abnormalities indicated in the chest X ray:  |         | Pregnancy Test:  |                                 |
| I certify that the applicant is medically fit to undertake a course in Malaysia.  |         |  |                                 |
| Name of Physician   | :       | _____  |                                 |
| Address of Clinic   | :       | _____ (printed)  |                                 |
|   |         | _____  |                                 |
| Telephone   | :       | _____ (printed)  |                                 |
|   |         | _____ Email  |                                 |
|   | :       | _____ Date :   | _____                           |
| Signature of Physician  | :       | _____ Seal of Clinic :   |                                 |