

MEDICAL CERTIFICATE

NOTE: To be completed by a registered medical practitioner after thorough clinical and laboratory examination including chest x-ray.

Name of Candidate

Sex

Status

Is the person examined at present in good health and enjoying full work capacity? *If no, explain briefly.*

Is the person examined able physically and mentally to undergo training? *If no, explain briefly.*

Is the person examined free from infectious diseases which could present risks for both the candidate and his contacts during his training? *If no, explain briefly.*

Does the person examined have any condition or defect which might require treatment during his training? *If yes, write the condition or defect.*

In case of a medical emergency, contact (name of person & contact number):

Full Name and PRC license number of Examining Physician:

Name and address of hospital/clinic affiliated with:

Date

Signature of Examining Physician