PART C

Medical Examination

Name							
Date of Birth				**Age**		**Gender**	
Pulse rate		**Blood pressure**		**Height**		**Weight**	

Emergency Contact Numbers. *Please provide two (2) emergency contacts.*

Full Name			
Relationship			
Daytime phone number		**Mobile number**	
Postal address			
Email			
Full Name			
Relationship			
Daytime phone number		**Mobile number**	
Postal address			
Email			

Do you need any mobility assistance? *If yes, please give details.*	
Do you have any disabilities CWM should be aware of? *give details.*	
Do you have known allergies? *give details.*	
Are you aware of any medical conditions that may hinder your participation to the Scholarship Programme? *give details.*	
Special Dietary Requirements	

IMPORTANT: To be completed by Attending Physician.

Any family history of disease?	
Any serious operations, injuries or illness in the past?	
Any infectious diseases?	
Any eye defects? If yes, are spectacles worn and satisfactory?	
General condition	
Any ear disease/s?	
Are mouth and throat healthy?	
Teeth are well cared for?	
Are heart and lungs healthy?	
Result of chest X–ray	
Any signs of hernia?	
Urine: Any albumen? Any sugar?	
Any organic, nervous or other disorders?	
Any functional disorders?	
Is the applicant emotionally well-balanced?	
Is there any tendency to depression or history of it?	
Have you any knowledge of the applicant's lifestyle and is there any evidence of abuse of alcohol or drugs?	
Do you consider that there are any medical reasons why the applicant should not go abroad for further training?	
Does the applicant need any special diet or regular medical treatment of any kind?	

ATTENDING PHYSICIAN'S CERTIFICATION

I hereby certify that _____ is physically **fit / unfit** to participate in the **Academic Accompaniment Programme** of the Council for World Mission.

_____
Signature over Printed Name of Attending Physician
Date _____
Registration No. _____

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