

MEDICAL CERTIFICATE

Name of the candidate (please print or type): _____

Date of birth: _____

I, as a qualified medical doctor, hereby certify that I have examined the above named candidate and found him/her in good health, free from infectious diseases, and able physically and mentally to carry out any relevant duties away from his/her home.

Full name and address of examining physician (please print or type):

Signature and stamp of the examining physician: _____

Date of examination: _____

Instructions: A certificate of good health, dated not more than three months prior to the starting date of the training/meeting, should be submitted in the following cases:

- For trainings longer than 3 months. The candidate should undergo a medical examination and send the medical certificate to the responsible TC staff member **prior to** the start of the training.
- For all candidates over the age of 65.

The certificate should be completed by a registered medical practitioner after a thorough clinical and laboratory examination. A chest X-ray should be included only if clinically indicated.

Guiding questions for the medical examination

1. If the candidate has been under treatment during the last three years, please describe the treatment and the present status of the disease(s).
2. What medications are regularly taken by the candidate and what is the reason for each?
3. What is the candidate's normal blood pressure?
4. Is the candidate in good health and able to work at full capacity?
5. Is the candidate able physically and mentally to participate in intensive training away from his/her home?
6. 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?
7. Does the candidate have any medical condition which might require treatment during his/her period of training?
8. Are there any abnormalities indicated by the chest X-ray?