



Fostering ASEAN Future Leaders 2014/2015

MEDICAL QUESTIONNAIRE

Name of Applicant:			
Age:	Sex (M / F)	Height:	Weight:
1) If the applicant has had a history of illness or other disorders during the last 5 years, please describe treatment and present status.			
2) List any abnormalities indicated in the chest X-ray.			
3) What is the applicant's normal blood pressure?			
4) Is the applicant free from infectious disease (AIDS, tuberculosis, trachoma, skin disease, etc.)?			
5) Is the applicant able physically and mentally to carry on intensive training away from his/her home?			
6) Describe the applicant's overall health condition (include remarks of the examining physician).			
7) Name and Address of the Clinic/ Hospital _____ _____ _____			
Date _____			
Name of Physician: _____			
Signature: _____			
Date _____		Signature of Application: _____	

