

Annex 2

Medical Record

Name: _____			
Age: _____	Gender: _____	Height: _____	Weight: _____
1) If the applicant has a history of illness or other disorders during the last five 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 research projects away from his/her home?			
6) Describe the applicant's overall health condition (include remarks of the examining physician).			
Name and address of clinic: _____			
Date : _____			
Name of physician : _____			
Signature : _____			
Date: _____		Signature of the applicant: _____	

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