

## Medical Form

*To be completed by a registered medical practitioner. The course organisers reserve the right to require the candidate to undergo a further medical examination before his/her course participation.*

Name of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male/Female  
(please circle)

Is the person examined at present in good health and enjoying full working capacity? \_\_\_\_\_

Is the person examined able, physically and mentally, to carry on intensive study abroad? \_\_\_\_\_

Does the person examined have any infectious or other diseases (for example, tuberculosis, trachoma, malaria, AIDS), which could present risks for the candidate and/or his/her contacts during the course? If so, please provide details.

---

---

---

Does the person examined have any condition(s) which might require treatment during the course? If so, please provide details. It is important to note that **the course organisers do NOT provide any kind of health insurance or aid cover to participants**. Participants would find medical care in Malta expensive.

---

---

\_\_\_\_\_  
Name of Examining Physician

\_\_\_\_\_  
Signature of Examining Physician  
Registration no of Medical Council

\_\_\_\_\_  
Address of Examining Physician

\_\_\_\_\_  
Date of examination