ORGANISATION MÉTÉOROLOGIQUE MONDIALE **WORLD METEOROLOGICAL ORGANIZATION**

Téléphone: Int'l + 41 (0) 22 730 81 11
Facsimilé: Int'l + 41 (0) 22 730 81 81
Télégrammes: METEOMOND GENEVE
Télex: 41 41 99 OMM CH

SECRÉTARIAT
GENÈVE - SUISSE

7 bis, avenue de la Paix
Case postale No. 2300
CH-1211 Genève 2

Education and Training Department
Fellowships Division

MEDICAL CLEARANCE CERTIFICATE (for Fellowship Candidates)

To : Joint Medical Service
United Nations Office
Palais des Nations
Geneva, Switzerland

Date : _____

Re : _____ _____
Name of Candidate Date Of Birth

(To be Completed by Candidate)

1. Have you ever had :

(check each item)	Yes	No
Scarlet fever : ……	☐	☐
Rheumatic fever : ……	☐	☐
Tuberculosis : ……	☐	☐
Venereal disease : ……..	☐	☐
Malaria : ……	☐	☐

(check each item)	Yes	No
Diabetes : ……..……..	☐	☐
Epileptic fits : ……..	☐	☐
Nervous or Mental illness : ..….	☐	☐
Hernia (rupture) : …….	☐	☐
Kidney stones : ……..….	☐	☐

2. Please give details of any illnesses, injuries or operations during the past five years :

(Types of illnesses, injury or operation) (Period of disability)

_____ _____

_____ _____

3. Do you have any condition or defect which may require further treatment during your fellowship?

I certify that the above statements are true, complete and correct to the best of my knowledge and belief.

_____
(Signature of Candidate)

(Reverse side to be completed by Examining Physician)

(This part to be completed by Examining Physician)

(Physician's comments on foregoing affirmative answers or an physical examination)

_____
_____
_____
_____
_____
_____
_____

Do you believe that the candidate is physically and mentally able to carry on a full course of study involving long hours of work in a college or university ?

_____
_____

RESULT OF CHEST X-RAY :
(Please air-mail X-ray film with this report)

_____
(Signature of Examining Physician)

Name in Capital Letters : _____

Address : _____

_____

_____

Date : _____

(Reverse side to be completed by candidate)