



MEDICAL CLEARANCE FORM (For Stays of 30 Days or Less)

TC Form 2C

Training Center

Revised November 2014

INSTRUCTIONS: Please ask a medical doctor to fill up this form in English. Attach a scanned copy (preferably in PDF format) with your online application form. Please use **MCF_ YOUR LAST NAME** (e.g. MCF_Zeigler) as filename.

To be filled up by the Participant:			
Title of Training Course/Workshop:	Training Dates:		
Name of participant:	Age:	Gender:	Blood Type:
Address:			

To be filled up by the Medical Examiner:	
Is the person examined at present in good health and enjoying full working capacity (Yes/No)?	Is the person examined physically and mentally able to carry out intensive training or workshop away from his/her home (Yes/No)?
Does the person examined have any infectious diseases (for example tuberculosis and trachoma) which could present risks for either the candidate or person with whom he/she will come into contact (Yes/No)?	Does the person examined have any condition or defect which might require treatment during the workshop (Yes/No)?
(For women) Is she pregnant? If yes, would it be safe for her and her child to travel and undergo training (Yes/No)? Approximate age or stage of pregnancy:	Place and date of examination

I attest that the participant has undergone medical examination in my clinic:

Signature of Medical Examiner: _____, M.D.

Name (in bold letters): _____

Address: _____

Telephone Number: _____ Mobile Phone Number: _____

Email Address: _____