CWARice
Central and West Asian Rice Center
مرکز برنج آسیای مرکزی و غربی
www.cwarice.ir

MEDICAL CLEARANCE FORM

(For Stays of 30 Days or Less)

TC Form

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: ____

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Telephone Number: ______________________________ Mobile Phone Number: ____________________________

Email Address: __________________________________