

DECLARATION OF HEALTH - PART 1

Medical Report

on a candidate for a fellowship grant in Denmark administered by Danida Fellowship Centre (DFC).

Please write in block letters.

Name:

Sex:

Address:

Country:

Date of birth:

Part 1 Candidate's declaration (failure to disclose important information may cause the grant to be refused or cancelled)

| | |
|--|--|
| Do you suffer from any diseases or any disability? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you take any regular medication? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever had a serious accident? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you pregnant (pregnancy is not necessarily a bar to the grant)? If you are pregnant, please state expected birth date: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you have answered yes to any of these questions please give brief details. | |
| | |
| During the last five years have you been referred to a hospital or Undergone X-ray or other investigations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you have answered yes, please give brief details, including dates. | |
| | |
| Have you ever had a nervous breakdown or needed psychiatric advice? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you have answered yes, please give the date or dates, any medication you were given, and the period over which you took it. | |
| | |

Your signature

Date

If there is any significant change in your condition in the interval between completing this form and leaving for Denmark, you must inform DFC immediately (by e-mail or fax).

DECLARATION OF HEALTH - PART 2

Medical Report

on a candidate for a fellowship grant in Denmark administered by Danida Fellowship Centre (DFC).

Please write in block letters.

Name:

Sex:

Address:

Country:

Date of birth:

Part 2 Report by examining Medical Doctor/General Practitioner/Recognised Hospital

We need to know whether the candidate is physically and mentally capable to undertake a course of study in Denmark with the additional stress of living and studying in a foreign environment.

| | | |
|---|-------------------|--|
| General health and physique | Height | cm |
| | Weight | kg |
| Urinalysis | Sugar Albumin | Comments on Chest X-ray |
| Blood pressure (mm Hg) | Sight and hearing | |
| Please record any abnormal findings on general physical examination and any doubts you may have about the candidate's mental stability. | | |
| Please comment on any declaration in Part 1, stating how it can affect the course of study in Denmark. | | |
| Will the candidate require any special treatment or medical attention in Denmark? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you have answered yes, please give details. | | |
| Does the candidate's health allow him/her to undertake the proposed course of study in Denmark? | | <input type="checkbox"/> Yes |

Doctor's signature

Doctor's name (block letters)

Address

Official stamp

Date