

MEDICAL REPORT FOR OFFICER APPLYING COTI TRAINING PROGRAM.

Name of Applicant : _____

Age : _____ Sex : _____ Height : _____cm Weight : _____kg

1. If the applicant has a history of illness or disorders for the last 5 years, please describe the treatment and the present status.

2. What is the normal pressure of the applicant?

3. Alimentary System :

- | | |
|-----------------|--------------|
| a) Appetite | b) Digestion |
| c) Bowels | d) Teeth |
| e) Tongue | f) Spleen |
| g) Liver | h) Rupture |
| i) Haemorrhoids | |

4. Nervous System :

- | | |
|----------------|-------------|
| a) Temperament | b) Reflexes |
| c) Hearing | d) Sight |

5. What opinions do you have about the overall health condition of the applicant to carry out an intensive training course away from his/her home?

Name and address of clinic : _____

Date : _____, Name of physician : _____

Signature of Physician : _____