# **FORM 3. PERSONAL MEDICAL ASSESSMENT**

***Attention!*** This form is just a personal medical assessment and applicants do not need to get comprehensive medical examination for now. However, once applicants are successful in the final selection, applicants must get a comprehensive medical examinations from a licensed physician or a doctor (including TBPE drug test\*\* etc). If the results show that the applicant is unfit to study and live overseas, he/she will be considered disqualified for this scholarship program.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Gender | [ ]  Male [ ]  Female | **HEIGHT**  | cm | **WEIGHT**  | kg |
| QUESTION | YES | NO | IF YES, PLEASE EXPLAIN |
| Have you ever had an infectious disease that posed a risk to public health (such as, but not limited to, tuberculosis and STDs)? |  |  |  |
| Do you have allergies?  |  |  |  |
| Do you have hyper tension?  |  |  |  |
| Do you have diabetes?  |  |  |  |
| Do you have any type of Hepatitis?  |  |  |  |
| Have you ever suffered from or been treated for depression, anxiety, or any other mental or mood disorder? (If you have received treatment, please explain and attach an official medical report.) |  |  |  |
| Have you ever been addicted to alcohol? |  |  |  |
| Have you ever abused any narcotic, stimulant, hallucinogen or other substance, either legally or illegally?  |  |  |  |
| Have you been hospitalized in the last two (2) years? |  |  |  |
| Have you had any serious injury, ailment or sickness in the last five (5) years? |  |  |  |
| Do you have any visual or hearing impairment? |  |  |  |
| Do you have any physical disabilities? |  |  |  |
| Do you have any cognitive/mental disabilities? |  |  |  |
| Are you taking any prescribed medication? |  |  |  |
| Are you on a special diet?  |  |  |  |
| Are you pregnant? |  |  |  |