

**CHILEAN INTERNATIONAL COOPERATION AGENCY
HORIZONTAL COOPERATION SCHOLARSHIPS PROGRAM
NELSON MANDELA
2018 CALL FOR APPLICATIONS**

**ANNEX 6
APPLICANT'S DECLARATION OF HEALTH AND PREEXISTING CONDITIONS**

All applicants must submit a health certificate issued and signed by a registered physician. In accordance with the requirement requested in the 2018 Call for Applications, you are advised to include the following in your declaration of health and preexisting conditions:

1. General Background Information:

Full Name:	Address:	Country:
Telephone:	ID Number:	Marital Status:
Date of birth:	Age:	Sex:
Profession / Activity:	Height:	Weight:
Pulse rate:	Blood pressure:	Other:

2. Medical Background:

Current general physical condition.	Observations.
Personal background information (surgeries, pathologies, trauma).	Observations.

Family background information (Diabetes, Epilepsy, Asthma, Hypertension, Heart disease, Other).	Observations.

3. General physical background information:

	Normal	Abnormal	Observations
Head and Neck			
Eyes			
Visual Acuity			
ENT			
Auditory Acuity			
Pharynx			
Thorax			
Cardiac and respiratory			
Abdomen			
Genitourinary			
Extremities			
Musculoskeletal system			
Nervous system			
FGT			
Endocrine system			
Skin and related			
Laboratory tests applied (attach originals)	Date:	Results:	
Serology			
Microscopy			
Pregnancy test			
Blood type			
Blood panel			

Urine partial test			
THE APPLICANT IS	SUITABLE:	UNSUITABLE:	

The undersigned physician reviewed the requested tests to his/her satisfaction.	I certify that the information provided is true, and errors in the same constitute grounds for rejection on medical grounds
Physician Signature:	Applicant Signature:
Physician Registration #:	ID Number:
Date:	Date: