

HEALTH DECLARATION – LTO

European Commission – DG FPI

Name:

Gender: MALE FEMALE

ID/passport number:

Date of Birth:

Nationality:

Current illness:

Previous illness:

- Hypertension
- Ischemic Cardiac Disorder
- Diabetes
- Liner Disorder
- Penal Disorder
- Neoplastic Disorder
- Gastrointestinal Disorder
- Tropical Disorder:

Other illnesses:

Allergy:

- Drugs:
- Foods:

Other allergies:

Do you take any medicine (diabetes, antidepressant, etc.):

Previous hospital admissions:

ECG (Only for applicants > 45 years):

Comments:

This Certificate confirms that the patient has been examined on the date indicated above and has been found to be in good physical health, and fit to travel and work abroad in missions sometimes in post conflict areas and often under stressful conditions with long working hours:

Date

Official Stamp, Name and Signature of Doctor