



ESA Astronaut Applicant Medical Statement

I have performed all of the medical examinations on the applicant in accordance with the document "ESA Astronaut Applicant Medical Examinations List" and have not detected any pathologies. Based on the examinations, the applicant does not appear to have any diseases. The applicant has normal vision in both eyes (corrected or uncorrected) and a normal range of motion in all extremities as defined in the aforementioned document.

I hereby declare that the applicant passes the medical examination in accordance with ESA Astronaut Applicant Medical Examinations List.

Date: _____

Applicant Name: _____

Physician Name: _____

Physician Signature: _____

Physician Address: _____

Physician Telephone: _____

Physician Official Stamp: _____