

# Confidential Medical Report

Ref. No: \_\_\_\_\_

## PART I (to be completed by candidate)

1. Name \_\_\_\_\_ 2. Age \_\_\_\_\_

3. Relevant family history \_\_\_\_\_

4. Personal history (a) operations, serious illnesses including any treatment for drug abuse.

\_\_\_\_\_  
\_\_\_\_\_

(b) Disabilities, allergies ECT. \_\_\_\_\_

\_\_\_\_\_  
(c) current medication (if any) \_\_\_\_\_

\_\_\_\_\_

## PART II (To be completed by physician)

1. Physique and general health \_\_\_\_\_

2. Heart \_\_\_\_\_ \*B/P \_\_\_\_\_

3. Lungs \_\_\_\_\_

4. Abdominal organs \_\_\_\_\_

5. Nervous system (and emotional stability) \_\_\_\_\_

\_\_\_\_\_

6. Vision \_\_\_\_\_

7. Hearing \_\_\_\_\_

8. Teeth \_\_\_\_\_

9. Urine \_\_\_\_\_ A/B \_\_\_\_\_ sugar \_\_\_\_\_

## PART III (To be completed by physician)

1. Does the candidate suffer from any defect or disability, which would be a handicap abroad?

\_\_\_\_\_

2. Do you consider the candidate fit to work in a tropical or subtropical country?

\_\_\_\_\_

Physician Address \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_