

MEDICAL EXAMINATION FORM (2023)

NOTE: The applicant once enrolled is likely to undergo prolonged physical exertion in extreme conditions at remote areas. The applicant therefore MUST be physically fit.

INSTRUCTIONS

- i) The Medical Examiner must be a duly registered Medical Practitioner.
- ii) The form should be completed using BLOCK LETTERS.
- iii) This form, once completed, should be sealed by the Medical Examiner and sent together with the application form to the Institute.

PART A: PERSONAL DETAILS (To be filled by the applicant)

1. SURNAME /FAMILY NAME: _____
2. OTHER NAMES: _____
3. DATE OF BIRTH: _____ GENDER: _____
4. NATIONALITY: _____ ID/PASSPORT NO. (If applicable): _____

Known condition and medication taken if any _____

1	Allergies	
2	Illness	
3	Medication	

A PERSONAL HISTORY

	Have you ever suffered from any of the following	Yes	No	Details of treatment if any
1	Any ear, nose and throat disorder			
2	Asthma, bronchitis ,TB or any other lung disease			
3	Epilepsy or any neurological disorder			
4	Anxiety, depression or any other mental disorder			
5	Gastrointestinal, gall bladder or liver disorder			
6	Hypertension, Angina, Heart or Rheumatic fever			
7	Diabetes			
8	Kidney, bladder or any other genital urinary disorder			
9	Joint injury or disorder, arthritis or gout			
10	Any enlarged glands, tumors, growths or cancers			
11	Any fracture of bones or internal fixations done			
12	Undergone any surgical operation and if so which one			
13	Any significant disease or injury not mentioned above			
14	Taken alcohol in the last one month. State number of units per week.			
15	Smoked cigarettes in the last one month, or any form of tobacco.			

PART B: DECLARATION (to be filled by the applicant in presence of the medical practitioner)

I certify that I am not, to my knowledge suffering from any physical disability of which I have not informed the medical examiner and that the statements made and information given to the medical examiner is correct

(Applicant's Signature): _____ (Date) _____

PHYSICAL EXAMINATION

General:

Appearance: _____

Height: _____ Weight: _____ BMI: _____

EYES: Vision-Right eye without spectacles: _____ Left eye without spectacles: _____

Visual acuity: _____

EARS: Right ear: _____ Ear drum: _____

Left ear: _____ Ear drum: _____

Nose, mouth and neck:

Nose: _____ Tongue: _____ pharynx: _____ Teeth: _____ Tonsils _____ Thyroid: _____

CARDIOVASCULAR SYSTEM: Pulse: _____ Blood pressure: _____ Varicose veins: _____

RESPIRATORY SYSTEM: Respiratory rate: _____ Breath sounds: _____ Breasts: _____

DIGESTIVE SYSTEM: Abdomen: _____ Liver: _____ Spleen: _____ Hernia: _____ Hemorrhoids: _____

NERVOUS SYSTEM: Reflexes: _____ Pupils to light: _____

Motor function _____

SKELETAL SYSTEM: _____

CONCLUSION: _____

RECOMMENDATION: _____

CLINICIAN:

NAME: _____ DESIGNATION: _____

SIGNATURE: _____ DATE: _____

STAMP: _____