

**Amano Christian School**

**Medical Form C**

I ..... (please print) give permission to my General Practitioner to forward the information detailed on this form to the Amano Medical Adviser.

**Signature** ..... **Date** .....

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**Section 1: Personal History**

Has the applicant been inoculated against any of the following (if yes, please give the approximate date):

Inoculation	Yes (✓)	No (✓)	Date Received
Polio			
Tetanus			
Diphtheria			
TB (BCG			
Hepatitis A			
Hepatitis B			
Rabies			
Measles			

**Section 2: Examination Findings**

Height

Weight

Blood Pressure

General Appearance

**Cardiovascular System**

Is there any evidence of:

Cardiovascular Disease      Yes                                      No

Varicose Veins                      Yes                                      No

**Respiratory System**

Does the applicant have a tendency towards any of the following:

Asthma	Frequent Cough	Chest Infections
Bronchitis	Pneumonia	Other (Please state)

**Section 2: Examination Findings**

*(Continued from page 1)*

Please comment on the following:

E.N.T.	<input type="text"/>
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Chest	<input type="text"/>
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**Digestive System**

Is there any evidence of gastro-intestinal problems?	<input type="text"/>
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Please comment on the following:

Mouth & teeth	<input type="text"/>
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Abdomen	<input type="text"/>
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Any sign of:

Hernia	Yes	No
Haemorrhoids	Yes	No

**Genito-urinary System**

Any abnormal symptoms?	<input type="text"/>
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Urinalysis:

SG	
Protein	
Sugar	
Blood	

**Female Applicants**

Menstrual history:

Any dysmenorrhoea?      Yes                                      No

**Special senses**

Are there any problems with eyes/eyesight?

Are there any problems with ears/hearing?

**Section 2: Examination Findings** *(Continued from page 2)*

**Nervous System**

Any history of a seizure disorder or other CNS problem?

Any abnormal physical signs (if indicated):

**Psychiatric Illness**

Please comment on the applicants general mental health:

Please give details of **ALL** past illnesses of which you have definite knowledge:

Is there any history of post-viral fatigue syndrome/M.E? If so, please record dates, duration and severity of the illness:

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**H.I.V. Testing**

Has your patient ever been tested for HIV antibody? Yes

No

**Section 3: Current Medication**

Please indicate all current medication and dosage:

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**Section 4: Family History**

**Psychiatric**

Is there any history of psychiatric illness in the blood relatives?

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**N.B. Please note that some applicants may not consider depression as a psychiatric disorder. This section is designed to clarify whether there may be any inherited predisposition to emotional ill health, even when relatively mild.**

**Section 4: Family History**

*(Continued from page 3)*

**Physical**

Is there any family history of early onset diabetes mellitus, cardiovascular disease, thyroid disorder or any other serious condition?

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**Section 5: Investigations**

Haemoglobin (if indicated):

Blood group:

Chest x-ray (if indicated):

### Section 6: General Notes

Are there any points not covered above?

Are any further investigations or consultations desirable?

Any other comments?

### Section 7: Opinion

Is the applicant fit for service overseas?

Are there any restrictions or contraindications?

Do you advise rejection of this applicant? (If yes, please give reasons):

**Signed** ..... **Date** .....

**Name (Please PRINT):** ..... **Address:** .....

**Please return the completed form in the prepaid envelope. The candidate is responsible for any fees incurred.**