

Medical Examination Form

(Items Nos. 1 to 6 below to be filled up by the candidate)

1. Name of the candidate: _____

2. Place of Birth: _____

3. Date of Birth: _____

4. History of any previous or existing illness:

- | | | |
|---------------|-----------------------------|------------------------------|
| Epilepsy | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Hypertension | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Asthma | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Tuberculosis | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Rheumatic | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Arthritis | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Diabetes | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Heart Problem | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

5. History of any Surgery / Accident: No Yes

If "Yes" please state what and when it was:

6. History of any medication:

Medical Examination

General Physical Examination

a) Weight: _____

b) Height: _____

c) Blood Pressure: _____

It is certified that the above-named candidate has been medically examined and found:

fit not fit

to travel/study abroad

Name of Clinic: _____

Address of Clinic: _____

Name of Doctor: _____

Date:

(Signature of the Medical Officer with seal)