

MEDICAL INFORMATIONS AND CERTIFICATES

NB: ANY MEDICAL INFORMATION NOT HEREWITH LISTED, MUST BE SUBMITTED AND CERTIFICATES ATTACHED

THIS DOCUMENT MUST BE COMPLETED BY A MEDICAL DOCTOR

Full Name and Surname _____

Date of Birth _____ I.D. Number _____

Gender _____ Weight _____ Height _____ Marital Status _____

List all Medical Problems _____

Surgery undergone _____

Name of Surgeon _____

Name of Doctor _____

Name of General Practitioner _____

List all Congenital , Hereditary, Family conditions e.g. (Porphyria, Diabetes, Heart Condition etc.)

Alzheimer ____ Senile Dementia ____ Parkinson ____ Cancer ____ Other _____

Tick any of the above or suspected _____

List all allergies (if applicable) _____

Does the applicant have any of the following habits:

Tobacco ____ Alcohol ____ Drugs ____ Laxatives ____ Other _____

Can the applicant attend to any of the following?

Bath ____ Wash ____ Walk ____ Dress ____ Use Toilet ____ Communicate ____ Talk ____ Eat ____ See
____ Drive ____ Handle personal affairs ____

Is there any need of assistance for any of the above? _____

Is there any permanent disability? _____

Circulatory system ____ Heart ____ Peripheral ____ Spuntum ____ Blood pressure ____ Dyspnoea
____ Respiratory system ____ Cough ____

Current medications _____

Urine examination _____ Nervous system _____ Memory _____
Mental system _____ Orientation _____ Emotional state _____
Sate of hydration _____ Contact lenses _____ Glasses _____
General diet _____ Supplementary medical services _____

Statement by the applicant and the responsible family member

I, _____ a relative of _____

Herewith state and declare that I am not aware nor had I ever been made aware of any health state herewith listed but not reported which could result in misinformation to the scrutinizers of this application which would then result as having been compiled under false pretences.

Date _____ Signed _____

Additional information _____

Date _____ Signed by medical Doctor _____

Please apply Stamp here (If available)