

MEDICAL EXAMINATION FOR PARTICIPATION IN UEM VOLUNTEER PROGRAMME

1. Name of applicant :

2. ♂ Male ♀ Female

3. Date of Birth:

4. How long have you known the applicant?

5. Have you attended him/her professionally? Yes No
5.1 If yes, what complaint?

6. Any family history of disease?

7. Any serious operations, injuries or illness in the past?

8. What infections diseases has the applicant had?

9. General condition:

10. Weight : 11. Height :

12. Any eye defects? Yes No
12.1 If yes, are spectacles worn and satisfactory?

13. Any ear disease?

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14. Any hearing defect?

15. Are mouth and throat healthy?

16. Are teeth well cared for?

17. Pulse rate :

18. Blood pressure :

18. Are heart und lungs healthy?

19. Result of chest X-ray?

20. Any abdominal signs or symptoms?

21. Any signs of hernia?

22. Urine:

22.1 Any albumen?

22.2 Any sugar?

23. Any organic, nervous or other disorders?

24. Any functional disorders?

25. Is the applicant emotionally well balanced?

26. Is there any tendency to depression or history of it?

27. Have you any knowledge of the applicant's life-style and is there any evidence of abuse of alcohol or drugs?

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28. Do you consider that there are any medical reasons why the applicant should not go abroad ?

29. Does the applicant need any special diet or regular medical treatment of any kind?

Signature of examiner.....

Date.....

Address.....

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