



## South-South Volunteer of United Evangelical Mission Medical Examination

Name of applicant:

Male

Female

Date of Birth:

How long have you known the applicant?

Have you attended him/her professionally?

yes

no

If yes, what complaint?

Any family history of disease?

Any serious operations, injuries or illness in the past?

What infections diseases has the applicant had?

General condition:

Weight:
Height:

Any eye defects?	<input type="radio"/> yes	<input type="radio"/> no
If yes, are spectacles worn and satisfactory?		

Any ear disease?	<input type="radio"/> yes	<input type="radio"/> no
If yes, please specify		

Any hearing defect?	<input type="radio"/> yes	<input type="radio"/> no
If yes, please specify		

Are mouth and throat healthy?	<input type="radio"/> yes	<input type="radio"/> no
If no, please specify		

Are teeth well cared for?	<input type="radio"/> yes	<input type="radio"/> no
If no, please specify		

Pulse rate:
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Blood pressure:
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Are heart and lung healthy?
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Result of chest X-ray?
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Any abdominal signs or symptoms?
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Any signs of hernia?
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Urine:

Any albumen?

Any sugar?

Any organic, nervous or other disorders?

Any functional disorders?

Is the applicant emotionally well balanced?

Is there any history of depression?

Is there any tendency to depression?

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

Do you consider that there are any medical reasons why the applicant should not go abroad for 12 month?

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

Date:

Signature of examiner:

Address: