

(Medical Examination Form) Continued.....

- | | | | |
|---|-----|----|-------|
| 7. Ulcers (gastric or duodenal hiatus, hiatus hernia) gall bladder problems, hepatitis dysentery, gastro-intestinal or abdominal obstructions or any other related disorders | Yes | No | _____ |
| | | | _____ |
| 8. Nervous or mental complaint e.g. epilepsy convulsions, dizziness, blackouts, paralysis meningitis, anxiety states, depression, alcoholism narcotism or any other related disorders | Yes | No | _____ |
| | | | _____ |
| 9. Ear, eye, nose, throat problem, including ear discharge, hearing loss, defective vision tonsillitis, gromets, injuries, or any other ENT disorders? | Yes | No | _____ |
| | | | _____ |
| 10. Diseases of the reproductive system e.g infertility, ovarian cysts, uterine fibroids, abnormality of pregnancy or confinement or any other related reproductive system disorder? | Yes | No | _____ |
| | | | _____ |
| 11. Expecting or planning to have a baby? state the dates. | Yes | No | _____ |
| | | | _____ |
| 12. Sexually transmitted diseases e.g syphilis, gonorrhoea, HIV /AIDS related illness or any other sexually transmitted diseases? | Yes | No | _____ |
| | | | _____ |
| 13. Any physical disabilities or injuries? | Yes | No | _____ |
| | | | _____ |
| 14. Any congenital disease/disability? | Yes | No | _____ |
| | | | _____ |
| 15. Any special dental treatments e.g crown bridge prothodontic and orthodontic appliances or any other dental problems? | Yes | No | _____ |
| | | | _____ |
| 16. Alcoholism, narcotism or any substance abuse problem? | Yes | No | _____ |
| | | | _____ |

Objectives

17. BP _____ Height _____ Weight _____ kg
18. Stethoscopia pulmonis (auscultation lungs) _____
19. Stethoscopia Cordis (auscultation heart) _____
20. Any special abnormality/observation _____
- _____
- _____

(PLEASE TURN OVER)



The medical aid you can trust

(Medical Examination Form) Continued.....

21. If 'yes' to question (12) please inform patient to contact Senior Chronic Ailment Administrator at 3184210.

I hereby declare that the particulars given above are to the best of my knowledge true and correct:

Doctor's signature: _____

Applicants signature: _____

Date: _____