MEDICAL CERTIFICATE

This information should be submitted at the time of interview

MEDICAL Certificate (to be detached and filled in by the applicant and by his physician)

Name

Day	Month	Year	Sex

Name of parent/guardian

Address

Telephone Number

Mobile Number

FAMILY HISTORY

Has any close relative ever had any of the following (if yes, specify date and whom)

Tuberculosis

Diabetes

Any other familiar disease (specify)

PERSONAL HISTORY

Have you ever had or do you suffer from ?

	No	Yes
Appendicitis		
Tuberculosis		
Epilepsy		
Heart Trouble		

	No	Yes
Rehumatism		
Diabates		
Any other disease (Specify)		

Are you allergic to any medicine or product ? (Specify)

Which medication if any, are you taking on a regular basis ?

Do you have a special diet ?

Have you had any operation ? (Specify)

Have you had any accidents with long term consequences ?

Do you suffer from dyslexia, if so, to what degree ?

What is your general medical condition : Excellent ☐ Very Good ☐ Good ☐ Poor ☐

Have you been immunized against or have ever had any of the following diseases (if yes, specify number or doses and dates)

	No	Yes
Diptheria		
Whooping Cough		
Tetanus		
Poliomyelitis		
Tuberculosis (BCG)		

	No	Yes
Typhoid fever		
Measle		
Mumps		
Rubella		
Hepatitis		

I hereby certify that the above answers are correct

Signature of the applicant :

Date :