



UNIVERSITY OF GOROKA MEDICAL EXAMINATION FORM

PERSONAL STATEMENT

Any misleading statements or omissions will render the candidate liable for disqualification. Questions should be read carefully before the answers are written and no questions should be answered with a stroke when the answer is "no"

Surname:	Given names:	Date of birth:
Address:		
Present occupation:	Position and department for which nominated:	
Family History---(please give details of the state of parents, brothers and/or sister)		

Questions	Answers Yes/no	Explanatory notes
1. Has been any tuberculosis, diabetes, rheumatism, cancer, insanity, or any central nervous condition in yourself or any member of the family? If so, give any particulars:		
2. Have you ever suffered from:		
(a) Spitting of blood, influenza or persistent cough		
(b) Rheumatic fever, diabetes, palpitations, fainting, breathlessness, disease of the heart of lungs, any infections of the kidney or bladder, stricture?		
(c) Any infections of the stomach, liver or bowels, indigestion, diarrhoea, constipation, appendicitis, piles or ruptures?		
(d) Epilepsy or fits of any kind?		
(e) Discharge from the ears?		
(f) Dermatitis, any skin eruptions or skin cancer		
3. Have you ever had any accident or surgical treatment? If so, give full details		
4. Have you ever been rejected for life insurance or for admission to any government services due to health reasons? If so give full details		
5. Have you been in receipt of a pension for medical reasons? If so, please give full details.		
6. Are you in good health now?		
7. When where you last under medical treatment?		
(a) Date:		
(b) For what reason:		
8. Do you suffer from severe headaches		

Note: the above portion is to be filled in but not signed by the candidate before examination. Signature is to be affixed in the presences of the examining Doctor.

..... Signature of candidate	
..... Signature of examining Doctor	Date:

Activity:	
Height and weight:	Height (without shoes)..... cm Weight (in clothes) kg
Clinical efficiency of the heart? If not efficient, give reason:	
What is the candidates' blood pressure?	Systolic:Diastolic:
After examination, are you perfectly satisfied with the clinical efficiency of the lungs? If not, give your reasons. Chest x-ray report required:	
Is there any evidence of disease of the abdominal organs? If so give particulars:	
Is there any defect in hearing or speech, or any indication of otorrhoea, or nasal, throat or sinus infection? If so, give particulars	
Is there any defect or disease of the eye? In all cases visual acuity, as indicated by test types, of each eye should be indicated. Where the examinee is wearing glasses the visual acuity of each eye with the aid after glasses is removed should be stated.	Visual acuity - Without glasses: R.....L..... - With classes: R L Colour vision:
Does the candidate possess the normal use of limbs?	
Does the candidate suffer from hernia or varicose veins and if so to what extent?	
Urine examination	Colour: Albumen: Sugar:
Does the candidate suffer from dysmenorrhagia, menorrhagia or metrorrhagia?	
Is there any evidence of enlarged glands, runny nose, ulcers, or defects in the joints?	
Are there any other conditions which should be mentioned? If so, give details:	

MEDICAL OFFICERS RECOMMENDATIONS

(The examining Doctor is requested to inform the candidate whether acceptance, deferment, or rejection is recommended, but it is not necessary to inform candidate of the reason.)

This is to certify that I have examined Mr / Miss / Mrs / Ms
He /She is medically fit / unfit for higher studies.

.....
Signature of Medical Officer



.....
Date

.....
Print full name

Office / Institution:

Address:

Tel:

Fax: