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| **JPA/3.3/P/1.10** | **CONFIDENTIAL** | **BORANG E** |

**MEDICAL REPORT**

I hereby certify that I have examined ……………………………………….……………………………………

, holder of Brunei Identity Card numbers……………………………………..and that I find him / her

**FIT / UNFIT**

for overseas In-Service Training.

|  |  |  |
| --- | --- | --- |
| Date : ……………………………..……… |  | Signature : …………………………….………………… **Medical Officer** Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Medical ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Family History:

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

1. Personal History: Details of any important illness, accident or operation should be given together with the subsequent treatment. Particular enquiry should be made concerning any form of Tuberculosis, Rheumatic, Fever, Chorea, Hay, Fever, Dyspepsia, Epilepsy, Diabetes and Nervous or Mental Illness.
2. Present Condition:

(a) Height (b) Weight

(c) Physique (d) Vaccination

(e) Tuberculin Test Result

1. Respiratory System:

(a) Nose (b) Pharynx

(c) Chest Expansion (d) Lungs (R. & L.)

1. Complete X-Ray Report of the Chest:

Film No: Hospital: Date:

|  |  |  |
| --- | --- | --- |
| Radiologist’s Report: | 1. |  |
| 2. |  |
| 3. |  |

1. Circulatory System:

(a) Pulse (b) Heart (c) Blood Pressure

1. Alimentary System:

(a) Appetite (b) Digestion

(c) Bowels (d) Teeth

(e) Tongue (f) Spleen

(g) Liver (h) Rupture

(i) Haemorrhoids

1. Nervous System:

(a) Temperament (b) Reflexes

(c) Hearing (d) Sight

1. Reproductive System:

(a) Varicocele (b) Syphilis

(c) Gonorrhoea (d) Deposit

1. Urinary System:

(a) Specific Gravity (b) Albumin

(c) Sugar (d) Deposit

(e) Miscellaneous

1. HIV Test:
2. Pregnancy Test (for women):
3. Is the candidate at present:

|  |  |
| --- | --- |
|  | Undergoing a course of treatment. |
|  | Receiving medical attention. |
|  | Requiring medical attention. If so, please give details: |
|  | 1. |
|  | 2. |
|  | 3. |

**IMPORTANT:** In completing this form, particular attention should be paid to the following:

1. X-ray of the chest to rule out any tuberculosis or chronic pulmonary disease; where the film is entirely normal it need not be forwarded, but if any other abnormality is noted the film should be sent with this report.
2. Kidneys – no evidence of renal lesion should be present.
3. Eyesight – severe errors of refraction should not be passed, as these would only give trouble during the years of study.
4. Hearing – deafness should be considered a definite bar.