

MEDICAL EXAMINER'S REPORT

IMPORTANT – The object of the examination is to determine that the candidate is physically and mentally fit to undertake a course of study overseas where he/she will be subject to the additional stress of living and working in a different culture and environment.

Your opinion is confidential to the Education Council of the Cayman Islands and should not be discussed with the candidate.

A. General appearance and complexion: (*e.g.* consistent with stated age.)

Height _____ Weight _____

Urinalysis – SG _____

Sugar: _____ Albumen: _____

Deposit: _____

Eyes: _____ Visual Acuity R _____ L _____

Nose & Throat _____ Teeth _____

B. Locomotor System- Upper Limbs _____ Lower Limbs _____

C. Cardiovascular System _____ Pulse Rate _____

Arteries _____

Heart Size _____

Heart Sounds _____

BP Systolic _____

Diastolic _____

Retinal Vessels _____

(If Hypertension present)

D. Respiratory System _____

E. Abdomen _____

Liver _____

Spleen _____

Hernial Sites _____

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- F. Reproductive system _____
Menstrual history _____
WR, Klein or VDRL/HIV _____
- G. Central nervous system _____ Reflexes _____
Psychiatric assessment:
Mood _____ Stability _____ Sleep _____
- H. Please comment on declared medical (if significant): _____
- I. (a) Is the candidate at present being treated for any condition? _____
Please Specify _____
(b) Is the candidate likely to need further treatment overseas? _____

Signature of examining doctor _____ Date _____

Address _____

NOTE

1. A CHEST X-RAY AND RADIOLOGIST REPORT ARE REQUIRED IN ALL CASES.
2. DISEASES UNLIKELY TO LEAD TO REJECTION OF CANDIDATE SHOULD BE TREATED WITHOUT DELAY AND TREATMENT COMPLETED BEFORE DEPARTURE.
3. LONG-STANDING CONDITIONS (e.g. DIABETES) WILL NOT NECESSARILY LEAD TO REJECTION OF CANDIDATES, PROVIDED THE CONDITION HAS BEEN STABLE UNDER TREATMENT FOR A SUFFICIENT LENGTH OF TIME.

MEDICAL REPORT

PART 1 To be completed by the examinee who is responsible for answering each question accurately. FAILURE TO DISCLOSE medical history in full may lead to rejection or cancellation of award.

A. Full name and permanent address (BLOCK CAPTIALS – BLACK INK)

Sex _____ Date of Birth _____

B. Have you had any of the following? Yes _____ or No _____

Tuberculosis	_____	Gastric or Duodenal Ulcer	_____
Epilepsy	_____	Anaemia	_____
Pneumonia	_____	Recurrent Indigestion	_____
Poliomyelitis or other neurological disorder	_____	Gynecological disorder	_____
Pleurisy	_____	Jaundice	_____
Nervous disorder	_____	Malaria or other tropical disease	_____
Asthma	_____	Dysentery	_____
Psychiatric disorder	_____	Operations	_____
Allergic Disorder	_____	Kidney or urinal complaint	_____
Eye disorder	_____	Serious accidents	_____
Rheumatic fever	_____	Rupture	_____
Ear, Nose or Throat disorder	_____	Diabetes	_____
Heart Disease	_____	Varicose Veins	_____
Skin disease	_____	Any other serious disorder?	_____

C. If any questions above answered yes, please give the following:-

(a) Year	(b) Treatment received	(c) Any recurrence of lasting effects
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature to be signed in presence of examining doctor.

Signature

Date