

PHYSICAL EXAMINATION OF APPLICANT

Height Weight Tem Pulse

Respiration Physique

Vision (without glasses) Right Eye 20/ Left Eye 20/

Hearing (Conversational voice) Right ear feet Left ear feet

Ears (drum) Right Left

Mouth Throat

Nose Spine

Heart

Blood Pressure Systolic

Diastolic

Abdomen

Hernia

Genito - Urinary Pregnant

Rectum

Upper Extremities Lower Extremities

Skin Lymphatic System

Mental Development Dull..... Normal.....

Below Normal Psychiatric abnormalities

X-rays Chest (a) Film Number (b) Where taken

(c) Radiologist's report and X-ray films not smaller than 17" by 17" and not more than two months old, to attached.

Blood Wasserman if indicated Stool Exam if indicated.

Urinalysis if indicated (a) albumen (b) Sugar

(c) Microscopic

Remarks

Diagnosis Prognosis

Signature of Examining Physician

IMMIGRATION MEDICAL SERVICE
PRELIMINARY MEDICAL EXAMINATION

Place

Surname

Given Names

Passport Number

Nationality

Marital StatusSex.....

QUESTIONS TO BE ANSWERED BY APPLICANT:

Have you been examined for migration to Belize?

Where Result Serial No.

Have you ever been treated in a Hospital?

List of Names of Hospital

Conditioned Treated

Have you ever suffered from or received treatments for pleurisy or tuberculosis of any kind, or attended a Sanatorium, or tuberculosis Clinic, either as a in-patient or as an out-patient?

Have you ever been a patient in a mental Institution?

Are you receiving, or have you ever received a disability pension?

CHECK YES OR NO	Yes	No	Yes	No
1. Eye Trouble or Trachoma			12. Stomach trouble	
2. Nose or throat troubles			13. Rheumatism or joint trouble	
3. Ear trouble or deafness			14. Lungs disease or Chronic	
4. Head Injuries			15. Hay fever or Asthma	
5. Broken bones			16. Rheumatic fever	
6. Back Injuries			17. Heart disease	
7. Haemorrhoids			18. Fainting Spells	
8. Rupture			19. Fits or Seizure	
9. Kidney or Bladder troubles			20. Nervous disorder	
10. Venereal Disease			21. Tropical disease	
11. Varicose Veins			22. Operation	

DATE: Remarks on positive findings

Signature of applicant

Witness

Examining Physician