

Medical Examination of Candidates for Employment by Government

CONFIDENTIAL
G.P. 52

Medical Officer -in- Charge (Hospital) _____

The bearer *Mr/Mrs/Miss _____ has been selected for

appointment as _____ in the _____
of the Public Service subject to being medically fit. Kindly forward report in duplicate on this form to the Head of the Department
recruiting officer.

Signature _____ Designation _____ Date _____

NOTE TO MEDICAL OFFICER: For unestablished and temporary candidates only this side should be completed and x-ray check taken.

NOTE TO CANDIDATES: You Should (i) Make appointment with the sister-in-charge of the clinic before going for examination.
(ii) Take stool and urine samples on first visit.

A. To be completed by the candidate:

Surname _____	Forenames _____
Date of birth: _____	Marital Status: _____
	No. of Children: _____

B. To be completed by the Medical Officer from answers given by the candidate:

(i) Have you suffered or are suffering from :-	
1. Enteric Fever (Typhoid) _____ *YES/NO	10. Chest Complaint (if yes, details please) _____ YES/NO
2. Dysentery or Chronic Diarrhoea _____ YES/NO	11. Diabetes _____ YES/NO
3. Malaria _____ YES/NO	12. Hypertension _____ YES/NO
4. Venereal Disease _____ YES/NO	13. Asthma _____ YES/NO
5. Rheumatic Fever _____ YES/NO	14. Discharge from ear or deafness _____ YES/NO
6. Heart Disease _____ YES/NO	15. Leprosy _____ YES/NO
7. Tuberculosis _____ YES/NO	16. Epilepsy or fits _____ YES/NO
8. Rupture _____ YES/NO	17. Insanity, mental instability, nervous breakdown or disorder _____ YES/NO
9. Kidney Disease _____ YES/NO	18. Any other serious or chronic disease: (if yes, details please) _____ YES/NO

(ii) Have you met with any serious accident or personal injury or have had a surgical operation. *YES/NO (if yes, details please)

(iii) What is the present general state of your health: _____ (iv) L.N.M.P. / _____

(v) Are you predisposed to any complaint? *YES/NO (if yes, details please): _____

C. State the following particulars regarding your parents :

	IF LIVING		IF DEAD	
	AGE	STATE OF HEALTH	AGE	CAUSE OF DEATH
FATHER				
MOTHER				

I hereby declare that I have carefully considered the statements made above, that to the best of my belief they are complete and correct and that I have not withheld any relevant information or made any misleading statement and I give my consent to the examining or assessing medical officer to communicate with any physician who has attended me.

Signature of candidate _____ Witness _____
(Examining Officer)

Date _____

Eyes

Chest X-ray

Stool

Urine

Albumen

Sugar

Deposit

Blood

HB G %

BP/

Heart

Lungs

Abd

C.N.S.

G.U.S.

E.N.T.

L.N.M.P.

The Medical Officer should, in addition to any observations he may wish to add, make special reference to the condition of the candidate's eyesight and hearing in this space.

In my opinion this candidate is mentally and physically *FIT/NOT FIT to hold Permanent/Temporary/Unestablished post under the Government of Fiji.

Signature of Medical Officer _____

Date _____

* Delete where inapplicable