



Photograph of
candidate

Government of Seychelles

MEDICAL REPORT ON CANDIDATE FOR AN AWARD FOR STUDIES

Please Note

The Government will **not bear** cost of treatment for medical conditions that existed before leaving for training, unless prior approval is obtained.

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.

Your responses may be verified by clinical/laboratory tests.

A. Full Name Surname
Names
Course applied for
Country

B. NIN

C. Address

D. Date of birth (day/month/year)

E. Sex Male Female

F. Status Married Single

G. Next of kin (name, address, contact details, relation to applicant)

H. If you answer **YES** to any of the following questions, you must provide details, including dates (if applicable)

Have you ever had:

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| 1. An operation? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Hospital treatment or been admitted to a hospital for any reason? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Tuberculosis or an abnormal chest x-ray or any other chest problems. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Convulsions, fits or epilepsy? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Anxiety, depression or nervous complaints requiring treatment, nervous breakdown, or any psychiatric disorder? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. High blood pressure, heart trouble, breathlessness and/or chest pain? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7. Pain in the neck or any joint? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 8. Stomach pains, indigestion or heart burn, gastric or duodenal ulcer, recurrent indigestion? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 9. An infectious disease lasting more than two weeks? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 10. Are you/Have you consumed any illicit drugs before? If Yes, when? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

11. Kidney or bladder disease or complaint? Yes No
12. Diabetes or sugar in the urine? Is the candidate likely to need further treatment overseas? Yes No
13. Any illness, injury or medical condition lasting more than 2 weeks, or a recurring condition not mentioned above. Yes No
14. Communicable diseases (Sexually transmitted diseases) Yes No
15. Any medical, physical, psychological or other treatment in the past 5 years? Yes No
16. Are you taking any pills, medicine or having other treatment? Yes No
17. Do you smoke, or have you ever-smoked tobacco? Yes No
18. Eye disorder Yes No
19. Ear, nose or throat disorder Yes No
20. Skin disease Yes No
21. Anaemia Yes No
22. Gynaecological disorder Yes No
23. Malaria or other tropical disease? Yes No

Part 2: Medical examiner's report

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

A. General appearance and complexion (eg: consistent with stated age)

Height (cms) Weight (kgs) Unclothed

Urinalysis – SG Sugar Albumen Deposit

Eyes Visual acuity R L

Ears Acuity (both ears)

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

F. Reproductive system

Menstrual history

G. Central nervous system Reflexes

Psychiatric assessment – mood Stability Sleep

H. Please comment on declared medical history (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 during the course of his/her studies?

J. Do you consider the candidate fit to undertake the proposed course of study?

Signature of examining doctor Date:

(name in block letters and degrees)

Address:

OFFICIAL STAMP

NOTES

1. A chest x-ray and radiologist's report are required in all cases.
2. Diseases likely to lead to rejection of candidates should be treated without delay and treatment completed before departure for studies.
3. Long standing conditions (eg: diabetes, heart condition, unexplained anaemia ...) might lead to rejection of candidate, if the condition has been unstable under treatment for a sufficient length of time.
4. Examinations slips of all laboratory tests should be attached.