

2. PERSONAL STATEMENT MADE BEFORE A MEDICAL EXAMINER

CONFIDENTIAL

Applicant's surname (in block letters) _____ First name(s) _____

Residential address _____

Date of Birth _____ Occupation _____

Medical Examiner's name and initials (in block letters) _____

- IMPORTANT:** (I) This examination is to be conducted in the medical examiner's surgery.
 (II) Full and accurate answers are to be elicited and recorded.

PERSONAL STATEMENT

1. MEDICAL HISTORY

STATE: YES or NO

Have you ever suffered from any of the following? If 'YES', state full details of each instance in the schedule below.

- 1.1 Any disorder of the heart e.g. rheumatic fever, heart murmur, angina coronary artery disease, chest pain, shortness of breath or palpitations?
- 1.2 High blood pressure or disease of the blood vessels or circulatory disorder?
- 1.3 Any respiratory or lung disease, e.g. asthma, bronchitis, persistent cough, tuberculosis?
- 1.4 Any disorder of the digestive system, gall bladder or liver e.g. actual or suspected gastric or duodenal ulcer, recurrent indigestion or hiatus hernia?
- 1.5 Disease or disorder of kidneys, bladder or reproductive organs e.g. albumin in urine, kidney, stones, prostatitis or venereal disease?
- 1.6 Any nervous or mental complaint, e.g. epilepsy, blackouts, paralysis, anxiety state or depression?
- 1.7 Ear, eye, nose or throat disorders, e.g. ear discharge, defective vision, recurrent tonsillitis?
- 1.8 Disorders or diseases of muscles, bones, joints, limbs, spine, e.g. rheumatism, arthritis, gout, slipped disc or other back trouble?
- 1.9 Diabetes, sugar in urine, thyroid or other glandular or blood disorders?
- 1.10 Malignant, growth or tumour of any kind?
- 1.1.1 Any tropical disease e.g. Bilharzia, Malaria?
- 1.1.2 Any other illness, disorder, operation, disability or accident?

Question No	Nature and duration of complaint or symptoms	Date	Name and address of attending Doctor or Hospital	When did you last have symptoms