

Confidential

PUBLIC SERVICE OF PAPUA NEW GUINEA

(OR OFFICE USE ONLY)
Certificate of birth produced

MEDICAL CERTIFICATE

Checked and Returned -

PERSONAL STATEMENT

.. / .. / ..

Any willfully incorrect or misleading statement or omission will render the candidate liable disqualification. Questions should be read carefully before the answers are written in, and no question should be answered by inserting a stroke the answer is "no".

Name	Given Names	Date of birth and year
Address		
Applicant occupation	Position and Department for which nominated	
Family history – (Please give details of the state of health of parents, brothers and/or sisters.)		
Questions	Answers Yes/No	Explanatory Notes
Are there been any tuberculosis, diabetes, rheumatic arthritis, cancer, insanity or any other nervous condition in yourself or any other member of the family? If so, give particulars.		
Have you ever suffered from- Spitting a blood, influenza, or a persistent, cough?		
Rheumatic fever, diabetes, palpitation, fainting, breathlessness, diseases of the heart or lungs, any affection of the kidneys of bladder stricture.		
Any affection of stomach, liver or bowels, indigestion, diarrhea, constipation, appendicitis, piles or rupture?		
Epilepsy or fits of any kind		
Discharge from ears... ..		
Dermatitis, any skin eruption or Sun cancer?		
Have you ever had any accident or surgical treatment? If so, give full details.		
Do you ever been rejected for life assurance or, health reasons, for admission to any Government service? If so, give full details?		
Do you ever been in receipt of a pension for medical reasons? If so, give full details.		
Are you in good health now?		
When were you last under medical treatment? Date..... .. For what reason?		
Do you suffer from many severe headaches?		

The above portion of the form is to be filled in but not signed by the candidate before the examination. Signature is to be affixed in the presence of the examining doctor

Signature

Date

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MEDICAL OFFICER,S REPORT

Candidate's appearance, as regards robustness and activity.	
Height and weight	Height (in shoes)cm Weight (in clothes)kilograms
After examination, are you perfectly satisfied as to the clinical efficiency of heart? If not, give your reasons in full.	
What is the candidate's blood pressure?	Systolicmillimeters. Diastolicmillimeters
After examination, are you perfectly satisfied as to the clinical efficiency of heart? If not, give your reasons Chest X-ray report required..	
. Is there any evidence of disease of the abdominal organs? If so, give particulars.	
Is there any defect in hearing or speech, or any indication of otorrhoea, or any nasal, throat or sinus affection? If so, give particulars?	
Is there any visual defect or disease of the eyes? In all cases visual acuity as indicated by test types, of each eye should be indicated. Where the examinee is wearing glasses the visual acuity of each eye with the aid of glasses should be stated	Visual Acuity- Without glasses.....R.....1..... With glassesR1 Colour Vision
Does the candidate possess the normal use of all limbs?	
Does the candidate suffer from hernia or varicose veins and, if so, to what extend?	
Examination of urine as regards-	Colour Albumen Sugar
Is there any dysmenorrhoeal, menorrhagia, or metrorrhagi?	
Is there any evidence of enlarged glands, running nose, sores, ulcers defects in joints?	
Is there any evidence of dental defect?	
Are there any other health conditions which it is advisable should be mention? If so, give details.	

MEDICAL OFFICERS RECOMMENDATIONS

(The examining doctor is requested to inform the candidates whether acceptance, deferment, or rejection is recommended, but it is not necessary to inform candidate of reason.)

Fit for contract service foryears

Fit for permanent service.

Deferred formonths.

Date

Signature of Examining Doctor

Test X-ray report by S.M.O. (Physician.) or T.B. Control

Remarks:-

- Approved
- Not Approved.

Director of Public Health or Nominee

Date: