

IMMIGRATION REGULATIONS, 1974

PHYSICAL EXAMINATION OF APPLICANT

(To be completed by Examining Medical Officer after Form 40 has been presented)

Name of Applicant

Height Weight

Eye Abnormalities: Hearing (conversation voice):
Right Left Right Left

Head and Neck Ear Drums

Spine Skin

Lungs Chest X-ray

Heart Pulse Blood Pressure

Abdomen Hernia

Repeat Blood Pressure if Abnormal

Genito-Urinary

Neurological

Is Applicant Pregnant?

Urinalysis

Remarks

Qualifications

Address

Date
Signature of Examining Medical Officer

I certify that I have this day examined the above-named person and that the results are as set forth, and I certify that in my opinion, subject to any special observations under "Remarks," he/she is in good health and of sound constitution, and not suffering from any infectious, mental or bodily defects which prevent him/her from earning his/her own living.

Remarks
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Date
*Signature and Qualifications
Medical Officer and Practitioner*

Address
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This form must be filled in by/for every applicant over 16 years old and by parents or guardians on behalf of applicants less than 16 years old.