

PHYSICAL EXAMINATION OF APPLICANT

Height..... Weight Tem Pulse

Respiration Physique

Vision (without glasses) Right Eye 20/.....Left Eye 20

Hearing (Conversational voice) Right ear feet Left ear..... feet.....

Ears (drum) Right..... Left.....

Mouth..... Throat

Nose Spine

Heart.....

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Blood Pressure Systolic

Diastolic

Abdomen

Hernia.....

Genito - Urinary Pregnant

Rectum

Upper Extremities Lower Extremities

Skin Lymphatic System

Mental Development Dull Normal.....

Below Normal Psychiatric abnormalities

X-rays Chest (a) Film Number (b) Where taken.....

(c) Radiologist's report and X-ray films not smaller than 17" by 17" and not more than two months old, to attached.

Blood Wasserman if indicated Stool Examif indicated.

Urinalysis if indicated (a) albumen (b) Sugar

(c) Microscopic

Remarks

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Diagnosis Prognosis

Signature of Examining Physician

IMMIGRATION MEDICAL SERVICE - ' -
PRELIMINARY MEDICAL EXAMINATION

Place

Surname

Given Names.....

Passport Number.....

Nationality

Marital Status.....Sex

QUESTIONS TO BE ANSWERED BY APPLICANT:

Have you been examined for migration to Belize?.....

Where..... Result Serial No

Have you ever been treated in a Hospital?

List of Names of Hospital.....

Conditioned Treated

Have you ever suffered from or received treatments for pleurisy or tuberculosis of any kind, or attended a Sanatorium, or tuberculosis Clinic, either as a in-patient or as an out-patient?

Have you ever been a patient in a mental Institution?

Are you receiving, or have you ever received a disability pension?

CHECK YES OR NO	Yes No	Yes No
1. Eye Trouble or Trachoma		12. Stomach trouble
2. Nose or throat troubles		13. Rheumatism or joint trouble
3. Ear trouble or deafness		14. Lungs disease or Chronic
4. Head Injuries		15. Hay fever or Asthma
5. Broken bones		16. Rheumatic fever
6. Back Injuries		17. Heart disease
7. Hemorrhoids		18. Fainting Spells
8. Rupture		19. Fits or Seizure
9. Kidney or Bladder troubles		20. Nervous disorder
10. Venereal Disease		21. Tropic al disease
11. Varicose Veins		22. Operation

DATE: Remarks on positive findings

Signature of applicant.....

Witness

Examining Physician