

UGANDA MEDICAL DEPARTMENT

MEDICAL EXAMINATION OF LOCAL CANDIDATES FOR EMPLOYMENT BY GOVERNMENT

PART 1: To be completed by the candidate.

NAME.....SEX..... AGE.....NATIONALITY.....

FORCE NO.....RANK.....DEPARTMENT/STATION.....

Apply for pensionable status

- 1. Have you ever had any serious illness or accident: if so, what was it?.....
2. Have you ever been a patient in hospital; if so , which hospital and for what reason where you admitted?.....
3. Have you ever suffered from pneumonia or asthma?.....
4. Have you ever coughed up blood?.....
5. Do you suffer from any digestive complaint?.....
6. Have you ever had any discharge from ears?.....
7. Have you ever had any fits?.....

Date...../...../..... Signature.....

Part II: To be completed by the medical officer

Relevant detail of any past illness
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Is there any evidence of disease of the heart?.....
What is the blood pressure?.....
What is his/her vision, corrected/un corrected.....
Is there any evidence of pleurisy or tuberculosis of the lungs?.....
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Are there any defects, e.g. Hernia that may require attention?
An x-ray examination of the chest has/has not been made (such an examination should be carried out where possible.....

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Do you judge the candidate to be from epilepsy and mental illness?.....
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X-ray report.

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Report on the urine:

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Other observations or relevant findings:

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I have examined the above mentioned candidate and consider that he/ she is medically fit/unfit for employment by the Government.

Date...../...../.....

Signature.....

If unfit, give reasons for rejection

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Recommendations of the D.M.S

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Date...../...../.....

Signature.....