C O N F I D E N T I A L

MEDICAL EXAMINATION OF APPLICANT FOR STUDENT PERMIT

SM/1

1. An Applicant for a Student Permit to study in Anguilla should complete part 1 of the form below and present it to the Medical Officer when on examination.
2. The Applicant will be held responsible for the accuracy of the statements in part 1. Willfully with-holding or suppressing any information may result in the denial of his/her Student Permit.

Name (in full)…………………………………………………………………………………

Date of Birth …………………………………………………Place of Birth..…………………………..
(DD/MM/YYY)

Occupation ……………………………………………………………………………………………….

Married ☐ Single ☐ Widowed ☐ Divorced ☐

Countries of residence (with dates) ……………………………………………………………………

Attach your vaccination record …………………………………………………………………………

Have you, to your knowledge, suffered from any complaint of the lungs?....................……………

If so, give details……………………………………………………………………………………

Have you, to your knowledge, suffered from any other disease or serious illness, especially

Hernia, Pulmonary or Cardiac or Urinary symptoms, Epilepsy, or Mental Disease?........................

If so, give details……………………………………………………………………………………

To your knowledge, are any members of your family, or near relatives, subject to consumption or

to any disease of the lungs or mental disease? ……………………………......................................

If so, give details……………………………………………………………………………………

I certify that to the best of my knowledge, the replies to the questions on the above form are correct.

(Signature) ....

(Date) …………………………………20……

***Delete words which are not applicable**

REPORT ON MEDICAL EXAMINATION OF APPLICANT FOR STUDENT PERMIT

SM/2

To be completed by the Medical Officer examining the student. This document should be signed and stamped by the medical officer.

Name of Applicant:____

1. Height …………………………………………………………………………………………....
2. Weight ………………………………………………………………………………………………..
3. Vision – Right Eye ……………….Left Eye…………………Colour Sense…………………………
4. Hearing ……………………………………………….. 5. Teeth & Fauces………………………………
6. Pulse …………………………………………… 7. Respiration ……………………………………..
8. Lungs …………………………………………… 9. Heart ……………………………………………
10. Blood Pressure……………………………….. 11. Liver……………………………………………..
12. Spleen…………………………………………. 13. Groin ……………………………………….
14. Legs & Feet ………………………………….. 15. Nervous System…………………………..
16. Skin……………………………… 17. Mental Condition …………………..…………………
18. Evidence of Alcoholism ………………………………………………………………………
19. Urine – SG …………………………………………. Sugar…………………………………………

    Albumen ……………………………………………. Deposits …………………………………….
20. General Condition …………………………………………………………………………………

CERTIFICATE

I certify that I have examined ………………………………………. and find him/her physically and mentally fit/unfit for studying abroad at ………………………………………………..

(Name in Block Letters)…………………………………………

(Signature) ....
Medical Officer

(Date) ………………………………20……