



GOVERNMENT OF ANGUILLA
MEDICAL EXAMINATION OF CANDIDATE FOR APPOINTMENT TO THE PUBLIC SERVICE

1. Candidates for appointment to the Public Service should complete the Form below and hand it to the Medical Officer when presenting themselves for examination.
2. The candidate will be held responsible for the accuracy of the statements in Form P/5 and by wilfully with-holding or suppressing any information will incur the risk of losing the appointment.
3. The completed Form will be forwarded by the Medical Officer when he/she submits his/her report on the candidate on Form P/6 attached.

Name of Candidate (in full)

Date of Birth Place of Birth

Occupation

Married, Single, Widowed or Divorced

Countries of residence (with dates)

Have you ever been vaccinated?

If so, give the date and results

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

Are you temperate in your habits?

To your knowledge, are any members of your family, or near relatives, subject to consumption or to any disease of the lungs, or to insanity or fits, or have they been so subject?

If so, give details

Father - Alive & age years/died at age

Mother - Alive & age years/died at age

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

Signature Date



GOVERNMENT OF ANGUILLA

REPORT ON MEDICAL EXAMINATION OF CANDIDATE FOR APPOINTMENT TO THE PUBLIC SERVICE OF ANGUILLA

To be completed by the Medical Officer examining the candidate and to be forwarded to the Department of Public Administration, with Form P/5 attached which should be completed and signed by the Candidate.

I have examined as to physical and mental fitness for appointment to the Public Service as with the following results.

- 1. General condition Height Weight
- External signs of disease or injuries (including scalp, ear discharge).....
- 2. Vision - Right Eye Left Eye
- Colour Sense
- 3. Hearing 4. Teeth & Fauces
- 5. Pulse 6. Respiration
- 7. Lungs 8. Heart
- 9. Blood Pressure
- 10. Liver 11. Spleen
- 12. Groin 13. Legs & Feet
- 14. Nervous System 15. Skin
- 16. Mental Condition
- 17. Evidence of Alcoholism
- 18. Urine - SG Sugar Albumen Deposits
- 19. Is there any evidence of family sickness, such as phthisis, insanity cancer, etc?
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- 19 (b) If so, give details.....
- 20. Are you pregnant?.....
- 21. Vaccinated on Revaccinated on
- Result

REMARKS

CERTIFICATE

I certify that I have examined and find him/her Physically and mentally fit/unfit for appointment to the Anguilla Public Service as

Signature of Medical Officer Date