

MEDICAL CERIFICATE To be completed by a medical officer/district surgeon

NAME OF APPLICANT

Nature of disability (Indicate Severity)

Clinical Examination

General physical and nutritional state

Cardiovascular System

Blood Pressure

Respiratory system

Genito-urinary system (state if pregnant)

Urine

Musculo-Skeletal System

Central Nervous System (e.g. Epilepsy)

Ear, Nose and Throat System (e.g. Hearing)

Alimentary System

Sight

Teeth

Other

Besides the candidate's disability, is he/she otherwise found to be in a good state of health physically and mentally?

Place:

Date

Medical Officer/District Surgeon

Signature