

Form A

MEDICAL SCREENING FOR GENERAL PURPOSE

Part I and II of this form to be completed by the applicant:

Part I: Personal Information		
<i>Name</i>	<i>Nationality</i>	<i>Passport No/Identity Card No./Voter Card No.</i>
<i>Date of Birth/Age</i>	<i>Sex: M</i> <input type="checkbox"/> <i>F</i> <input type="checkbox"/>	<i>Occupation</i>
<i>Residential Address in Bhutan:</i>		
<i>Contact Number:</i>		

Part II: Medical History (To be declared and signed by the applicant)								
		Y E S	N O	If yes, give brief details		Y E S	N O	If yes, give brief details
1.	Mental illness				2.	Epilepsy		
3.	Asthma/COPD				4.	Diabetes Mellitus		
5.	Hypertension				6.	Tuberculosis		
7.	Heart Disease				8.	Kidney Disease		
9.	Addiction to drugs or alcohol				10.	Prolonged or repeated hospital admission		
11.	Major Surgical Operations/ Long-term medication				12.	Physical deformity		
13.	Visual problem				14.	Hearing Impairment		
15.	Trauma or injury							

I declare that all the information given above is correct and true. I also understand that I may be liable for actions by the concerned authority for providing false or misleading information.

Signature of the applicant..... Date.....

Part III: Physical Examination: (to be completed by a registered medical or health person only)

A. General		Normal	Abnormal	Brief details (if Abnormal)																		
1.	Pulse rate..... Per min																					
2.	Blood pressure/..... mm Hg																					
3.	Conjunctiva (<i>Circle</i>) Pallor/non-icteric/others (<i>specify</i>)																					
4.	Lymphadenopathy																					
5.	Pedal oedema																					
6.	Visible deformity																					
B. Systemic																						
7.	Neurological status (coordination and sensory)																					
8.	Cardiovascular system																					
9.	Respiratory system																					
10.	Per abdomen- General Liver Spleen																					
11.	Any other relevant system as may be required by the medical history																					
Part IV: For security guards, electricians, others (<i>specify</i>).....																						
12.	Visual acuity <table style="margin-left: 40px;"> <tr> <td></td> <td style="text-align: center;">RE</td> <td style="text-align: center;">LE</td> </tr> <tr> <td>Unaided</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Pinhole</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Corrected</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Near vision</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Colour vision</td> <td colspan="2" style="text-align: center;"><input type="text"/></td> </tr> </table>		RE	LE	Unaided	<input type="text"/>	<input type="text"/>	Pinhole	<input type="text"/>	<input type="text"/>	Corrected	<input type="text"/>	<input type="text"/>	Near vision	<input type="text"/>	<input type="text"/>	Colour vision	<input type="text"/>				
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13.	Hernia, hydrocoele																					
14.	Stigmata for alcohol and drug abuse																					
Part V: Certification and declaration																						
<p>I certify that the person is: (<i>check only one option</i>)</p> <p><input type="checkbox"/> Fit</p> <p><input type="checkbox"/> Unfit, specify reasons</p> <p>.....</p>																						
Name and signature of the examining medical or health person			BMHC registration No. and Address:																			