Doc: Medical Examination Form No: ERB-PDAP-FRM-06 Rev No: 00

MEDICAL EXAMINATION FORM

TO BE COMPLETED BY MEDICAL OFFICER

FULL NAME OF TRAINEE:…….

SEX:MALE/FEMALE:……

HB TEST:……

STOOL:……

URINEMIRCO:…….

T.B TEST:……

EYE EXAMINATION:……

E.N.T:……

CHEST:……

CHEST X-RAY:…… …

ABDOMEN:……

ADDITIONAL INFORMATION

Physical Defects of Impairments, Infections, Chronic, or Hereditary (family) Disease.

I certify that I have examined the above Trainee and consider that he/she is physically/not physically fit for training.

…….. ……

NAME & SIGNATURE DESIGNATION & STAMP

DATE: …….. DATE: …….

NB: Put in a sealed envelope and sign behind.