



**MINISTRY OF TOURISM
SCHOLARSHIP
MEDICAL REPORT FORM**



MEDICAL EXAMINER'S REPORT

IMPORTANT - The object of the examination is to determine that the candidate is physically and mentally fit to undertake a course of study overseas where he/she will be subject to the additional stress of living and working in a different culture and environment.

Your opinion is confidential and should not be discussed with the candidate. This document must be signed, sealed, and submitted to the address indicated.

General appearance and complexion: (e.g. consistent with stated age).

Height _____	Weight: _____	Urinalysis - 5G _____
Sugar: _____	Albumen: _____	Deposit: _____
Eyes: _____	Visual Acuity: R _____ L _____	
Nose & Throat _____	Teeth _____	
Locomotor system: _____	Upper Limbs _____	Lower Limbs _____
Cardiovascular system _____	Pulse Rate _____	Arteries _____
Heart size _____	Heart sounds _____	
DP systolic _____	Diastolic _____	Retinal vessels _____ (If Hypertension present)
Respiratory system _____		Abdomen _____
Liver _____	Spleen _____	Hernial sites _____
Reproductive system _____	Menstrual history _____	
WR, Klein or VDRL/HIV _____		
Central nervous systems _____	Reflexes _____	
Psychiatric assessment: Mood _____	Stability _____	Sleep _____

Please comment on declared medical (if significant):

Is the candidate at present being treated for any condition? (Please specify) _____

Is the candidate likely to need further treatment overseas? _____

Signature of examining doctor _____ Date _____

Address _____ Doctor/ Hospital/ Clinic Stamp: _____

NOTE:

- A chest x-ray and radiologist report is required in all cases.
- Diseases unlikely to lead to rejection of candidate should be treated without delay and treatment completed before departure.
- Long-standing conditions (e.g. Diabetes) will not necessarily lead to rejection of candidates, provided the condition has been stable under treatment for a sufficient length of time.



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MEDICAL REPORT

To be completed by the **scholarship applicant** who is responsible for answering each question accurately. FAILURE TO DISCLOSE medical history in full may lead to rejection or cancellation of award.

A. Full name _____

B. Permanent address _____

Sex _____ Date of Birth _____

C. Have you had any of the following? Please indicate Yes or No.

Tuberculosis	_____	Epilepsy	_____
Pneumonia	_____	Poliomyelitis or other neurological disorder	_____
Pleurisy	_____	Nervous disorder	_____
Asthma	_____	Psychiatric disorder	_____
Allergic disorder	_____	Eye disorder	_____
Rheumatic fever	_____	Ear, Nose or Throat disorder	_____
Heart disease	_____	Skin disease	_____
Gastric or Duodenal Ulcer	_____	Anemia	_____
Recurrent Indigestion	_____	Gynecological disorder	_____
Jaundice	_____	Malaria or other tropical disease	_____
Dysentery	_____	Operations	_____
Kidney or urinal complaint	_____	Serious accidents	_____
Rupture	_____	Any other serious disorder?	_____
Diabetes	_____		_____
Varicose Veins	_____		_____

D. If any questions above answered yes, please give the following:-

(a) Year	(b) Treatment received	(c) Any recurrence or lasting effects
_____	_____	_____
_____	_____	_____
_____	_____	_____

N.B. Doctors please note that the Scholarship Candidate must sign this form in your presence.

Signature: _____

Date: _____

Witness: _____

Date: _____

Please return this form to:

Tunisia Barnes- Scholarship Administrator
Department of Tourism, 3rd Floor GAB
133 Elgin Ave, P.O. Box 109 KY1-9000