

1.	Name (Blocks):	<input style="width: 95%;" type="text"/>	Photograph to be countersigned on the reverse by the Examining Medical Officer (2 copies) and forwarded with this report to the Medical Referee.
	Given names: (Blocks)	<input style="width: 95%;" type="text"/>	
	Address:	<input style="width: 95%; height: 40px;" type="text"/>	
	Nationality:	<input style="width: 100px;" type="text"/>	Passport No: <input style="width: 100px;" type="text"/>
		Age: <input style="width: 40px;" type="text"/>	Sex: <input style="width: 100px;" type="text"/>
	Full name of husband or wife:	<input style="width: 95%;" type="text"/>	
	Names and ages of children:	<input style="width: 95%; height: 40px;" type="text"/>	
2.	Proposed occupation in the United Kingdom:	<input style="width: 95%; height: 25px;" type="text"/>	
3.	(a) Are you in good health to the best of your knowledge?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(b) Have you had tuberculosis, leprosy or trachoma?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(c) What other illnesses, if any, have you had?	<input style="width: 95%; height: 25px;" type="text"/>	
		<i>(Examining Medical Officer will ask further questions according to the answers to the above)</i>	
4.	I hereby certify that the information supplied by me above is correct to the best of my knowledge and belief. <i>(To be signed in the presence of the Examining Medical Officer)</i>		
	Signature:	<input style="width: 95%; height: 25px;" type="text"/>	
5.	Report of the Medical Examiner <i>(State if NORMAL – if not give details of abnormality in paragraph 7)</i>		
	(a) Height	<input style="width: 60px;" type="text"/> cms	Weight <input style="width: 60px;" type="text"/> kilos
	(b) (i) Vision	<input style="width: 150px;" type="text"/>	Right Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>
		<input style="width: 150px;" type="text"/>	Left Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>
	(ii) Hearing	<input style="width: 150px;" type="text"/>	Right Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>
		<input style="width: 150px;" type="text"/>	Right Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>
	(c) Any evidence of		
	(d) (i) mental illness	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(ii) mental subnormality	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(iii) personality disorder	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(d) Cardiovascular system		
	(i) Pulse rate	<input style="width: 150px;" type="text"/>	per minute
	(ii) Blood pressure: Systolic	<input style="width: 100px;" type="text"/>	
		Dyastolic	<input style="width: 100px;" type="text"/>
	(e) Respiratory system	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>

- (f) Abdomen: note presence of
- (i) Hernia Yes No
- (ii) Palpable liver Yes No
- (iii) Palpable spleen Yes No
- (iv) Any abnormality of digestive system Yes No
- (g) Uro-genital system: note presence of
- (i) Venereal disease Yes No
- (ii) Any abnormality Yes No
- (iii) If a female, is she pregnant? Yes No
- If yes, state expected date of delivery
- (h) Central nervous system Normal Abnormal
- (i) Locomotor system Normal Abnormal
- (j) Skeletal system Normal Abnormal
- (k) Skin: note presence of any disease including infestation with lice
- (l) Record presence of any abnormality not noted above

6. Investigations

- Urine (a) Albumen (b) Sugar
- (c) Other abnormalities

Chest x-ray report:

7. Abnormalities discovered:

I certify that I have examined

and that the above statements made by me are true to the best of my knowledge and belief.

Date

(Signature of Examining Medical Officer)

FOR OFFICIAL USE

*Delete as necessary

Recommendation of Medical Referee

- *1. In my opinion, there are no medical reasons to warrant my recommending refusal of entry to the United Kingdom.
- *2. I advise that for medical reasons it is undesirable to admit the applicant as he/she has been found to be suffering from _____, a disease or condition which might endanger the health of persons in the United Kingdom or require major medical treatment
- *3. Refusal of entry to the United Kingdom is recommended on the ground that the applicant is suffering from _____, a disease which may interfere with His/her ability to support himself/herself or his/her dependants.
- *4. The applicant may submit himself/herself for further examination [after undergoing treatment] [after _____ (date)]

Medical Referee Date