



CONFIDENTIAL

MEDICAL EXAMINATION OF APPLICANT FOR WORK PERMIT

M/1

1. Applicants for employment in the Anguilla Labour Force should complete the Form below and hand it to the Medical Officer when presenting themselves for examination.
2. The Applicant will be held responsible for the accuracy of the statements in Form M/1 and by willfully with-holding or suppressing any information will incur the risk of losing the approval of his/her work permit. cope
3. The completed Form will be forwarded by the Medical Officer when he submits his report on the Applicant on Form M/2 attached.

Name of Candidate (in full).....

Date of BirthPlace of Birth.....

Occupation

Married, Single Widowed or Divorced

Countries of residence (with dates)

Have you been vaccinated?

If so, give the dateand result.....

Have you, to your knowledge, suffered from any complaint of the lungs?.....

If so, give details.....

Have you, to your knowledge, suffered from any other disease or serious illness, especially Hernia, Pulmonary or Cardiac or Urinary symptoms, Epilepsy, or Mental Disease?.....

If so, give details.....

Are you temperate in your habits?

To your knowledge, are any members of your family, or near relatives, subject to consumption or to any disease of the lungs or to insanity or fits, or have they so subject?.....

If so, give details.....

Father-Alive & agedyear/died at age

Mother -Alive & agedyear/died at age

I certify that to the best of my knowledge, the replies to the questions on the above Form are correct.

(Signature)

(Date)20.....

***Delete words which are not applicable**

REPORT ON MEDICAL EXAMINATION OF APPLICANT FOR WORK PERMIT

M/2

To be completed by the Medical Officer examining the candidate and to be forwarded to the Labour Office, with Form M/1 attached which should be completed and signed by the Applicant.

I have examinedas to physical and mental fitness for employment in the Private Sector as.....

- 1. General condition
- Height.....Weight.....
- 2. Vision – Right EyeLeft Eye.....Colour Sense.....
- 3. Hearing 4. Teeth & Fauces.....
- 5. Pulse 6. Respiration
- 7. Lungs 8. Heart
- 9. Blood Pressure..... 10. Liver.....
- 11. Spleen..... 12. Groin
- 13. Legs & Feet 14. Nervous System.....
- 15. Skin..... 16. Mental Condition
- 17. Evidence of Alcoholism
- 18. Urine – SG Sugar.....
- Albumen Deposits
- 19. Is there any evidence of family sickness, such as phthisis, insanity, cancer etc?
- If so, give details.....
- 20 Vaccinated on Revaccinated on
- Result
- Remarks/Results.....

CERTIFICATE

I certify that I have examined And find him/her physically and mentally fit/unfit for employment in the Private Sector as.....

(Signature)
Medical Officer

(Date)20.....