



Southeast Asian Ministers of Education Organization (SEAMEO)
Regional Language Centre (RELCA)
30 Orange Grove Road, Singapore 258352, Republic of Singapore



MEDICAL EXAMINATION FORM

***APPLICATION FOR DEGREE/DIPLOMA/CERTIFICATE COURSE**

Recent
photograph
of
applicant

PART A : PERSONAL PARTICULARS

1. Name *(Mr/Mrs/Miss) _____
(Please PRINT and underline surname)
2. Home or Office Address _____

3. Sex _____ Date of Birth _____
4. *Passport/NRIC No. _____
(*Please delete whichever is not applicable.)

PART B : MEDICAL HISTORY

(To be completed by the applicant. Failure to disclose medical history in full may lead to rejection or cancellation of application/award.)

Have you had any of the following? Answer Yes or No.

- | | | | |
|----------------------------------|-------|---|-------|
| 1. Tuberculosis | _____ | 15. Diabetes | _____ |
| 2. Pneumonia | _____ | 16. Epilepsy | _____ |
| 3. Pleurisy | _____ | 17. Poliomyelitis or other neurological disorders | _____ |
| 4. Asthma | _____ | 18. Nervous breakdown | _____ |
| 5. Allergic disorders | _____ | 19. Psychiatric disorders | _____ |
| 6. Rheumatic fever | _____ | 20. Eye disorders | _____ |
| 7. Heart disease | _____ | 21. Ear, nose or throat disorders | _____ |
| 8. Gastric or duodenal disorders | _____ | 22. Skin diseases | _____ |
| 9. Recurrent indigestion | _____ | 23. Anaemia | _____ |
| 10. Jaundice | _____ | 24. Gynaecological disorders | _____ |
| 11. Dysentery | _____ | 25. Malaria or other tropical diseases | _____ |
| 12. Varicose veins | _____ | 26. Operations | _____ |
| 13. Kidney or urinary diseases | _____ | 27. Serious accidents | _____ |
| 14. Rupture | _____ | 28. Any other serious disorders | _____ |

Signature of Applicant
(to be signed in the presence of Examining Physician)

Date

PART C : CERTIFICATION BY EXAMINING PHYSICIAN

1. Please comment on declared medical history (if significant):

- *2. a. Is the candidate at present being treated for any existing condition? Yes () No ()
- b. Is the candidate likely to need further treatment? Yes () No ()
- *3. Do you consider the candidate fit to undertake the proposed course of study abroad? Yes () No ()

Signature of Examining Physician: _____ Date _____

Name in Block Letters: _____

Address: _____

Official Stamp: _____

*Please tick (✓) accordingly.