

Certificate of health – Part I

Name of Applicant: _____

The following questions are to be answered by the applicant before taking the physical examination:

1. Have you ever been an in-patient in a hospital or dispensary suffering from any disease or injury? ☐

a. If so, give details:

2. Apart from above, have you ever received medical treatment for any serious disease or injury? ☐

a. If so, give details:

3. Is there any disease or illness that bothers you regularly such as:

- a. Hay fever? ☐
b. Diabetes? ☐
c. Stomach culvers? ☐
d. Headache? ☐
e. Persistent cough? ☐
f. Frequent diarrhea? ☐
g. Skin eruption (sores)? ☐
h. Other (specify):

4. Is there any food or drink that you are unable to eat or drink or that causes you stomach trouble? ☐

a. If so, give details:

5. Have you had any recent notable weight loss? ☐

6. Do you have any family members or close friends who have been diagnosed as having HIV/AIDS? ☐

To the best of my knowledge, I have answered the above questions fully and truthfully.

Signature of Applicant

Date

Official use only

Administration