

MEDICAL STATUS FORM

Name: _____ Height: _____

Date of birth (Month/Day/Year): _____ Sex: _____ Weight: _____

1. Currently has a history of the following (please tick):

- | | | |
|---|--|---|
| <input type="checkbox"/> Hypertension (high blood pressure) | <input type="checkbox"/> Diabetes/hypoglycemia | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Cardiac disease | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Respiratory diseases |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Hepatitis A/B/C | <input type="checkbox"/> Back problems |
| <input type="checkbox"/> Other: _____ | | |

2. Allergies:

Medicines (drugs): _____ Pets: _____ Foods: _____ Pollens: _____

Please list: _____

3. Please list all illnesses/surgeries/hospitalizations in the last five years:

4. Current medications (including over-the-counter drugs):

5. Health check

Temp:	Actual pulse:	Rest pulse:	RESP:	Lungs:
B.P. (left):	B.P. (Right):	Heart:	Abdomen:	Back mobility:

Please indicate if the person is physically fit to live and work in a foreign country.

- | | | |
|--|---|---|
| <input type="checkbox"/> Health satisfactory,
able to lift 33 lbs. (15 kg.) | <input type="checkbox"/> Satisfactory,
but unable to lift 33 lbs. (15 kg.) | <input type="checkbox"/> Unsatisfactory,
requires medical assistance |
|--|---|---|

Doctor: _____ Date: _____

Address: _____

Signature: _____ Stamp: _____

Attention Medical Office: Please write a letter stating that he/she is physically fit and healthy, has the ability to lift 33 lbs. (15 kg.) Kindly ensure that the letter is written on an official letterhead and is signed and stamped accordingly.