



**REQUIRED ANAGKAZO BIBLE & MINISTRY TRAINING CENTRE (ABMTC)  
MEDICAL ASSESSMENT FORM**

*THE ABMTC REQUIRES THE FOLLOWING FORM TO BE FILLED BY A LICENSED MEDICAL PRACTITIONER  
FOR APPLICANTS WISHING TO ENROLL IN THIS INSTITUTION.*

**Part I Personal Particulars of Applicant**

NAME: .....  
 OCCUPATION: .....  
 ADDRESS: .....  
 DATE OF BIRTH: .....  
 TEL: .....  
 SEX: .....  
 PASSPORT NO: .....  
 WEIGHT (kg): .....  
 HEIGHT (cm): .....  
 NATIONALITY/CITIZENSHIP: .....

**Part II Medical History (To be declared and signed by the Applicant)**

	Yes	NO	If yes, give brief details		Yes	No	If yes, give brief details
1 Mental illness				7 Heart Disease			
2 Epilepsy				8 Gynaecological disease			
3 Chronic Asthma				9 Operations			
4 Diabetes Mellitus				10 Stomach Ulcer			
5 Hypertension				11 Drug Allergies			
6 Tuberculosis							

I declare that all the information given above is true and correct. I hereby give my consent for a copy of this medical form after it is completed by the doctor to be released the Anagkazo Bible and Ministry Training Center.

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

**Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately.**

CLINICAL EXAMINATIONS	ABNORMAL	OTHER TESTS	ABNORMAL
<b>1 CARDIOVASCULAR SYSTEM</b>  a BLOOD PRESSURE SYSTOLIC ..... DIASTOLIC .....  b HEART DISEASE c ECG (compulsory for applicants above the age of 45 and in younger applicants where it is indicated e.g persons with cardiac murmurs or symptoms suggestive of myocardial ischaemia) and severe varicose veins		<b>1 CHEST X-RAY</b> For any abnormalities and other findings including no active lung lesion, please state here and attach the chest radiological report to this form	
<b>2 ANAEMIA</b> (if clinically anaemic, do HB: ..... g%)		<b>2 URINE ROUTINE EXAMINATION</b>	
<b>3 RESPIRATORY SYSTEM</b>		<b>3 STOOL ROUTINE EXAMINATION</b>	
<b>4 ABDOMEN</b> a Hernia b Enlarged Liver c Enlarged Spleen d Genito-Urinary System		<b>4 HEARING</b> Unable to hear ordinary conversation at 2meters	
<b>5 SKIN CHRONIC DISEASE</b> (eg eczema, psoriasis)		<b>5 VISION</b> Should be at least 6/12 in both eyes with or without glasses  Any organic eye disease?	
<b>6 LOCOMOTOR/NEUROLOGICAL</b> a Significant limb amputation or deformity b Limb movement and co-ordination c Significant spinal deformity d Other significant abnormalities.		<b>6 SICKLING TEST</b> *For applicants of african descent	
<b>7 ENDOCRINE DISORDERS</b> eg thyrotoxicosis		<b>7 HIV/AIDS</b> Test must be done and copies of results attached to this form	
<b>8 MENTAL STATE</b>		<b>MENTAL HEALTH</b> <b>8 ASSESSMENT</b>	

**Part IV Certification from the Doctor**

I certify that I have examined the above-named Applicant for the clinical examinations / tests in Part III

NAME OF DOCTOR:.....  
SIGNATURE:.....  
CONTACT NUMBER:.....  
EMAIL ADDRESS:.....  
CLINIC ADDRESS:.....  
STAMP:

*\*KINDLY NOTE THAT RESULTS OF ALL LABORATORY TESTS AND CHEST X-RAYS SHOULD BE ATTACHED TO THIS FORM*