A.JAN
WESTERN BUILDERS LIMITED
P. O. BOX 247
BA, FIJI
Email: info@ajangroup.com.fj
PHONE: 679 6674433
FAX: 679 6670261
Website: www.ajangroup.com.fj

MEDICAL EXAMINATION FORM

APPLICANT DETAILS

Date of Examination ____/____/20____

Applicant's Name _____ Date of Birth _____

Father's Name _____ Address _____

_____

_____

MEDICAL HISTORY

Seizure		Nervous Breakdown	
Mental illness		Typhoid Fever	
Malaria		Dysentery	
Tuberculosis		Bronchial Asthma	
Hypertension		Diabetes	
Chest pain		Heart Disease	
Allergies		Kidney Problem	
Trauma		Surgical Operation	

Last Admission in the hospital _____

Last Menstrual Period _____

Physical Examination: BP_____ PR_____ RR_____ Temp. _____

Eyes: _____

ENT: _____

Respiratory System: _____

Cardiovascular System: _____

Abdomen: _____

GUT: _____

Extremities: _____

CNS: _____

General Comments: _____

_____

_____

_____

_____

_____

_____

_____

Revised: May 2014