

Health Certificate : Attachment page 2 of 2

2.9 Urogenital system (including evidence of sexually transmitted disease)

Normal Abnormal → Give details _____

2.10 Endocrine system Normal Abnormal → Give details _____

2.11 Hearing (Audiogram not required)

Right Normal Abnormal → Give details _____

Left Normal Abnormal → Give details _____

2.12 Eyes Normal Abnormal → Give details _____

Visual acuity (preferably using Snellen's or equivalent)

Uncorrected Right Left

Corrected Right Left

2.13 Are there any physical or mental conditions which may affect this person's ability to earn a living, take care of himself /herself or adapt to a new environment now or in future adult life?

No Yes → Give details _____

2.14 Blood group / Rh Factor

Doctor's comment _____

Examining doctor's signature _____

Date of examination _____ / _____ / _____ (Day / Month / Year)

Medical License No. _____

Full name (please print) _____

Hospital Name / Address _____
