Delete the inapplicable

ZIMBABWEAN GOVERNMENT

MEDICAL EXAMINATION

PART A: to be completed by the head of department		
Name and address of department		
		and writing a wear
2. Purpose of application		Yes / No
Application to the Public Service on probation		
Appointment as an established officer		
Contributor to Government Service Pension Scheme (employee)		
Other reason-specify		restanting of
3. Full names of applicant (surname first)		
4. Full address of applicant		
<u> </u>	, 4	ik a a a
5. Applicant's date of birth	6. Applicant is on probation/unestablished*	
7. Applicant's proposed duties		
		ī

State whether or not you have suffered from	the follo	wing:			
Illness or injury	Yes/ No	Dates	Illness or injury	Yes/ No	Dates
8. Fits or convulsions	n, indox	STRAIN BOLVE	9. Severe headachè or migraine		·
0. Head injuries or concussion	Lan 1986		11. "Nervous breakdown" or any other psychiatric illness		•
2. Other nervous trouble	AVI	IVIA	13. Tuberculosis of the lungs	:	
14. Disease of the female organs	t to their		15. Bronchitis, pneumonia or pleurisy		
16. Asthma or hay fever			17. Silicosis	tevaltima	ed of : A TR
18. Heart disease, "weak heart" or strained heart			19. Fainting attacks or giddiness	sh lo scoi	hatay ame
20. Rheumatism or rheumatic fever			21. Stomach or bowel complaints		
22. Indigestion or peptic ulcer			23. Goitre or thyroid disease	the Public	a nous-liqué
24. Haemorrhoids			25. Kidney or bladder trouble	laise an a	tronovidencja
26. Syphilis or gonorrhoea			27. Malaria	RIBEOVINA	ម លោកព្រះមាន វ
28. Blackwater fever			29. Dysentery	शेवक्क	naasa rahb
80. Enteric (typhoid or paratyphoid) fever	or the street		31. Bilharziasis		
32. Eye or ear complaints			33. Injury or disease of bones or joints		
34. Skin disease		escucrituisi	35. Varicose veins	tmeshane	to choose this
36. Diabetes		Olices -	37. Backache or injury to the back	ni piloni	south e thi
38. VALID VACCINATION CERTIFICATE	limailga			ritain ia gi	en ar estador Estadores
39. Details of any other serious illness or inju	ıries		791	uh issor _i o	eq e nacolfiquê
10. List the operations you have undergone-s	giving da	tes			
certify that the above information is comple	ete and co	orrect			
42. I	Place		43. Signature		ester and the la

NOTES FOR MEDICAL EXAMINER

- (a) Please seal this report in an envelope marked "CONFIDENTIAL: MEDICAL REPORT" and forward it to the head of department at the address shown in section 1 above.
- (b) If additional tests are required, these should be arranged through the nearest Government hospital or laboratory which should advised that the tests are required at Government expense.
- © The account can either be submitted with this report or sent separately to the address shown in section 1 above.

	presence of the applic	ant		
44. Height	45. Mass	46. Chest expansion- in out expansion		
47. Physical development		48. Mental state		
49. Physical abnormalities,	defects or deformities			
· A	VISION (S	Snellen's standard type at six metres)		
50. Right eye without glasses	with glasses	51. Left eye without glasses with glasses		
	HEARING	SPEECH		
52. Right ear	53. Left ear	54. Speech		
		A. Full names and qualifications		
		CARDIOVASCULAR SYSTEM		
55. Position of apex-beat		56. Rate 57. Rhythm		
58. Sounds	ar germinika iku: Ar engan jaka iku:	in Date		
9. Murmurs		WAT D. RUCOMMENDATIONS OF THE SUCRETARY FOR URACITH		
		(to be requested only when the answer in section 78 of conclusions		
60. Blood-pressure				
60. Blood-pressure 61. Exercise tolerance (test	when necessary)	(to be requested only when the answer to addition 78 of conclusions		
50. Blood-pressure 51. Exercise tolerance (test	when necessary)	Accept as a contributor to the pension scheme with full benefits RESPIRATORY SYSTEM RESPIRATORY SYSTEM		
50. Blood-pressure 51. Exercise tolerance (test	when necessary)	(to be requested only when the suspent to section 78 of conclusions (nematics) or conclusions) 7. Accept as a contributor to the pension scheme with full benefits 8. Accept as a contributor to the pension scheme with full benefits 9. We can for contributor to the pension scheme with regionary softension of the pension of the pensio		
50. Blood-pressure 51. Exercise tolerance (test 52. Lungs 53. X-ray report (see note (when necessary)	RESPIRATORY SYSTEM ABDOMEN Size 66. Spleen enlargement		
50. Blood-pressure 51. Exercise tolerance (test 52. Lungs 53. X-ray report (see note (when necessary) (b) above)	RESPIRATORY SYSTEM ABDOMEN Size 66. Spleen enlargement		
50. Blood-pressure 51. Exercise tolerance (test 52. Lungs 53. X-ray report (see note (when necessary) (b) above) 65. Live	RESPIRATORY SYSTEM ABDOMEN Size 66. Spleen enlargement		
50. Blood-pressure 51. Exercise tolerance (test 52. Lungs 53. X-ray report (see note (when necessary) (b) above) 65. Live	RESPIRATORY SYSTEM ABDOMEN Size 66. Spleen enlargement		
50. Blood-pressure 51. Exercise tolerance (test 52. Lungs 53. X-ray report (see note (when necessary) (b) above) 65. Live	RESPIRATORY SYSTEM ABDOMEN Size 66. Spleen enlargement		
50. Blood-pressure 51. Exercise tolerance (test 52. Lungs 53. X-ray report (see note (54. Scars 57. Tenderness 59. Kidney enlargement 70. Urine appearance	when necessary) (b) above) 65. Live	RESPIRATORY SYSTEM ABDOMEN Size 66. Spleen enlargement		
50. Blood-pressure 51. Exercise tolerance (test 52. Lungs 53. X-ray report (see note (54. Scars 57. Tenderness 59. Kidney enlargement 70. Urine appearance 71. S.G.	when necessary) (b) above) 65. Live (68. Herni	RESPIRATORY SYSTEM ABDOMEN size 66. Spleen enlargement GENITO-URINARY SYSTEM		
50. Blood-pressure 51. Exercise tolerance (test 52. Lungs 53. X-ray report (see note (54. Scars 57. Tenderness 69. Kidney enlargement 70. Urine appearance 71. S.G. 75. Evidence of disease 76. Evidence of any other of	when necessary) 65. Live 68. Herni 72. Albumin	RESPIRATORY SYSTEM ABDOMEN size 66. Spleen enlargement GENITO-URINARY SYSTEM		

CONCLUSIONS	Yes/No	83. Remarks	de, Heigin T
78. Fit for any type of work ocality	il Re	Illness or injury	No Dates
79. Fit for specified duties on g., sedentary, indoors,	7 .83 9.	severe heathere or inspeare	47. Physical dévelopment
etc.)		lefects or deformities	49. Physical abnormalities.
10. Read injuries or concussion			
80. Suffering from a mental or physical defect or infirmity		psychiatric masss	
likely to interfere with duties (section 7)	elanate a no l		
Line fine	1.12		1 9991197 6
 Suffering from a mental or physical defect or infirmity likely to make retirement necessary before 65 years of age. 		Bronchine parella diles or promis	without glasses
82. Not fit for employment in any capacity		HEARING	
TR. PRINT disease. Were your or straining	5 10 10	Taining apackers find sixths	to High car
84. Full names and qualifications			
20 01 01 0 10 0 10 0 10 0 10 0 10 0 10			
85. Full address		Stomach or bowst complaints	
ate 57. Rhythm	56. R		. 55. Position of spex-beat
22 arrigentio in Espain area	1.42	Source of anything also as	
86. Date	Sign	ature	
PART D: RECOMMENDATIONS OF THE SECRETARY F	OD HEALTI		Strimming 66
(remarks) of conclusions). 87. Accept as a contributor to the pension scheme with full b	enefits	Pilen neversary) sientry, sien	Yes/No
88. Accept as a contributor to the pension scheme with restrictions with restrictions under section 92.			62. Lungs
89. Accept for employment as an employee but not as a contra	ributor to the	pensions scheme	63. X-ray report (see note (l.
90. Re-examine before appointment as an established officer	32.	Backache or injury to the back :	
	MODRA		
W. PALID Ingraphing available by the		65. Live size	, 64. Scars
91. Other recommendations (please specify)			
3, 3			
92. Remarks		117	69. Kidney enlargement
And the property of the state o			
			70. Urine appearance
ilange AT , treu	over I		70. Urine appearance
93. Date		72. Albumin	70. Urine appearance
and the state of t	0 .01	Signature	70. Urine appearance
		Signature	70. Urine appearance 71. S.G.
NOTES FOR MEDICAL EXAMINER		Signature	70. Urine appearance 71. S.G.
(a) Presse sear may report in an envelope marked "CONFID	oto kod ob	PDICAL-EFFORT as na ware	71, S.G.
		name and the TROTATION OF THE SCASE	71. S.G. 75. Evidence of discuse 76. Evidence of any other d