

CONFIDENTIAL

ZIMBABWEAN GOVERNMENT

MEDICAL EXAMINATION

PART A: to be completed by the head of department

1. Name and address of department

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

3. Full names of applicant (surname first)

4. Full address of applicant

5. Applicant's date of birth

6. Applicant is on probation/unestablished*

7. Applicant's proposed duties

Delete the inapplicable

Part "B" overleaf

PART B: to be completed by the applicant

State whether or not you have suffered from the following:

Illness or injury	Yes/ No	Dates	Illness or injury	Yes/ No	Dates
8. Fits or convulsions			9. Severe headache or migraine		
10. Head injuries or concussion			11. "Nervous breakdown" or any other psychiatric illness		
12. Other nervous trouble			13. Tuberculosis of the lungs		
14. Disease of the female organs			15. Bronchitis, pneumonia or pleurisy		
16. Asthma or hay fever			17. Silicosis		
18. Heart disease, "weak heart" or strained heart			19. Fainting attacks or giddiness		
20. Rheumatism or rheumatic fever			21. Stomach or bowel complaints		
22. Indigestion or peptic ulcer			23. Goitre or thyroid disease		
24. Haemorrhoids			25. Kidney or bladder trouble		
26. Syphilis or gonorrhoea			27. Malaria		
28. Blackwater fever			29. Dysentery		
30. Enteric (typhoid or paratyphoid) fever			31. Bilharziasis		
32. Eye or ear complaints			33. Injury or disease of bones or joints		
34. Skin disease			35. Varicose veins		
36. Diabetes			37. Backache or injury to the back		
38. VALID VACCINATION CERTIFICATE					

39. Details of any other serious illness or injuries

40. List the operations you have undergone-giving dates

I certify that the above information is complete and correct

41. Date	42. Place	43. Signature
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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.

PART C: MEDICAL EXAMINATION: to be completed by the medical examiner who must examine the statements made in Part B in the presence of the applicant

44. Height	45. Mass	46. Chest expansion- in out expansion
47. Physical development		48. Mental state
49. Physical abnormalities, defects or deformities		

VISION (Snellen's standard type at six metres)

50. Right eye without glasses	with glasses	51. Left eye without glasses	with glasses
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HEARING

SPEECH

52. Right ear	53. Left ear	54. Speech
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CARDIOVASCULAR SYSTEM

55. Position of apex-beat	56. Rate	57. Rhythm
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58. Sounds

59. Murmurs

60. Blood-pressure

61. Exercise tolerance (*test when necessary*)

RESPIRATORY SYSTEM

62. Lungs

63. X-ray report (*see note (b) above*)

ABDOMEN

64. Scars	65. Live size	66. Spleen enlargement
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67. Tenderness	68. Hernia
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GENITO-URINARY SYSTEM

69. Kidney enlargement

70. Urine appearance

71. S.G.	72. Albumin	73. Sugar	74. Deposit
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75. Evidence of disease

76. Evidence of any other disease

77. Females: Menstrual history

CONCLUSIONS	Yes/No	83. Remarks
78. Fit for any type of work		
79. Fit for specified duties on (g., sedentary, indoors, etc.)		
80. Suffering from a mental or physical defect or infirmity likely to interfere with duties (section 7)		
81. Suffering from a mental or physical defect or infirmity likely to make retirement necessary before 65 years of age.		
82. Not fit for employment in any capacity		
84. Full names and qualifications		
85. Full address		
86. Date	Signature	

PART D: RECOMMENDATIONS OF THE SECRETARY FOR HEALTH
 (to be requested only when the answer to section 78 of conclusions is "no" or when comments have been made under section 83 (remarks) of conclusions).

	Yes/No
87. Accept as a contributor to the pension scheme with full benefits	
88. Accept as a contributor to the pension scheme with restricted benefits* <i>*(If "yes", please specify the restrictions under section 92-remarks, below)</i>	
89. Accept for employment as an employee but not as a contributor to the pensions scheme	
90. Re-examine before appointment as an established officer	
91. Other recommendations (please specify)	

92. Remarks	
93. Date	Signature

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- (b) If additional tests are required, these should be arranged through the nearest Government hospital or laboratory which should be arranged at Government expense.
- (c) The report can either be submitted with this report or sent separately to the address in section 93.