

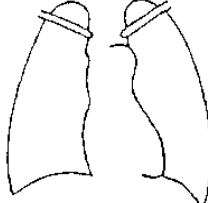
## Medical Certificate (to be completed by the examining physician)

Date of Examination \_\_\_\_\_ (Month/Date/Year)

Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth		Age	
Address						
Occupational History <sup>#1</sup>						

Past History	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Malaria	General Condition	
	<input type="checkbox"/> Allergy		Under Medical Treatment at Present	

### Physical Examination

Height		cm	Weight		kg	Blood Pressure		/	
BMI <sup>#2</sup>			Waist Circumference		cm	Peripheral Blood examinations	Hb	g/dl	
Vision	Without Glasses	(R)	(L)				RBC	×10 <sup>4</sup> /mm <sup>3</sup>	
	With Glasses or Contact Lenses	(R)	(L)				GOT(AST)	IU/l	
		(R)	(L)				GPT(ALT)	IU/l	
	Hearing	(R) <input type="checkbox"/> normal <input type="checkbox"/> impaired					γ -GTP	IU/l	
(L) <input type="checkbox"/> normal <input type="checkbox"/> impaired							LDL Cholesterol	mg/dl	
Chest X-ray	Date:	<input type="checkbox"/> direct	<input type="checkbox"/> indirect				HDL Cholesterol	mg/dl	
	Film No:						TG	mg/dl	
							Blood Glucose	mg/dl	
							time since eating      hours		
						Urine examinations	Glucose		
								Protein	
								ECG	<input type="checkbox"/> normal <input type="checkbox"/> impaired
								Other Examination <sup>#3</sup>	

In view of the applicant's history and the above findings, is it your observation that his/her health status is adequate to work?  Yes  No

Particulars or Additional Comments:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Physician's Name (Print): \_\_\_\_\_

Office/Institution:

Address:

<sup>#1</sup> Career background before employment which is informative at the time of the health examination.

<sup>#2</sup> BMI = weight (kg) ÷ height (m) ÷ height (m)

<sup>#3</sup> Employees who are supported to be engages in the service of the provision of meals in a dining room or a kitchen has to undergo a stool examination.