

MEDICAL EXAMINATION FOR APPOINTMENT TO A POST IN A MALAYSIAN DIPLOMATIC MISSION

The candidate for appointment must complete the form below and the candidate will be held responsible for the accuracy of the statements hereon. By willfully suppressing any information, he or she will incur the risk of losing the appointment.

1. Surname (IN BLOCKS) :
2. Christian Name (in full) :
3. Address:
4. Date of Birth:
5. Place of Birth:
6. Age on last Birthday:
7. Marital Status:

Have you ever successfully vaccinated? }

If so, state the date }

Have you ever suffered from?:

(i) Spitting of blood, asthma, pleurisy, }
or from any complaints of the lungs? }

(ii) Rheumatism, gout, fainting fits or }

Rupture? }

(iii) Nervous complaint, mental disorder }

or fits? }

(iv) Any other diseases or serious injury? }

Have any members of your family or close }
relatives ever been, or are now subject to }
tuberculosis, insanity or fits? }

I hereby declare the above particulars to be true to the best of my knowledge.

.....

Signature

Date :

Note: If you wear glasses for any purpose, you should take them with you for inspection by the Medical Officer.