REPUBLIC OF VANUATU

PART A : TO BE COMPLETED BY THE APPLICANT BEFORE VISITING THE DOCTOR

1. Family name

2. Given name

3. Gender (Male/Female)

4. Date of Birth

5. How long do you intend staying in Vanuatu?

6. Your medical history Have you ever had	Please tick Yes or No	If yes, provide details
a) an operation?		
b) Been admitted to hospital?		
c) Tuberculosis?		
d) An abnormal x-ray?		
e) An infectious disease lasting		
f) Convulsions, fits or epilepsy		
g) Anxiety, depression or nervous complaints requiring treatment		
h) high blood pressure?		
i) Heart trouble, chest pains or Breathlessness?		
j) kidney or bladder disease or complaint?		
k) any illness, injury or medical condition lasting more than 2 weeks or a recurring Condition not mentioned above?		
l) are you taking any pills, medicine or having any other medical treatment?		
m) have you every been addicted to a drug or taken drugs illegally?		
n) do you consume alcohol?		
o) do you smoke,or have you ever smoked tobacco?		

APPLICAT'S DECLARATION – to be signed in the presence of the examining doctor, I declare that the information I have provided on this form is correct.

Signature

Date

PART B: EXAMINING DOCTOR'S FINDINGS

7. Height | Weight | 8. Blood pressure

	Please tick Normal	Abnormal	Details
9. Cardiovascular system (record any evidence of heart Provide date and duration of Treatment and name, strength And dosage of drugs used)			
10. Respiratory system (for current or previous TB Treatment and name, strength And dosage of drugs used)			
11. Nervous system			
12. Mental state			
13. Gastrointestinal system including Hernia orifices			
14. Locomotor system/physical build/ Mobility			
15. Skin and lymph nodes			
16. Endocrine system			
17. Ear/nose/throat/mouth/teeth			
18. Hearing Left			
Right			
19. Eyes			
20. VDRL test result – only in Clinically indicated			
21. Results of chest ex-ray (it over 16 yrs)			
22. Hepatitis B antigen test result			
23. Human immunodeficiency Virus test Result: please repeat and perform Western Blot			

24. Urinalysis: Blood | Albumin | Sugar

DOCTOR'S CONCLUSIONS: Please consider the information you have provided about this applicant. Please consider if the applicant has the potential to be a health risk in Vanuatu or a financial burden to Vanuatu. Please tick the appropriate box:

No significant history or abnormal findings present ☐ Significant his or abnormal findings present – attach details ☐

Doctor's signature _____ Doctor's Full Name _____ Contact phone _____ Date _____