



# MEDICAL REPORT

## for person applying to live temporarily in Samoa

This form is to be completed by a registered medical practitioner after personally examining the applicant.

Attach a passport-sized photo of the applicant here

### PART A. TO BE COMPLETED BY THE APPLICANT BEFORE VISITING THE DOCTOR

1. Family name  2. Given name

3. Gender  4. Date of birth    5. Occupation

6. How long do you intend staying in Samoa?

#### 7. 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) have you previously suffered or presently suffering from any communicable diseases for more than 2 weeks  
eg. Tuberculosis      other

(d) an abnormal x-ray?

(e) convulsions, fits or epilepsy?

(f) anxiety, depression or nervous complaints requiring treatment/ Counselling?

(g) high blood pressure?

(h) heart trouble, chest pains or breathlessness?

(i) kidney or bladder disease or complaint?

(j) any illness, injury or medical condition lasting more than 2 weeks or a recurring condition not mentioned above?

(k) are you taking any pills, medicine or having any other medical treatment?

(l) have you ever been addicted to a drug or taken drugs illegally?

(m) do you consume alcohol?

(n) do you smoke, or have you ever smoked tobacco?

(o) Do you have a medical condition that may require periodic hospitalisation

#### APPLICANT'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

8. Height  Weight  Blood pressure  BSL

Please tick  
Normal or Abnormal Details

9. Cardiovascular system  
(record any evidence of heart murmurs, cardiac failure, irregularity or other heart abnormality)

Normal     Abnormal   

10. Respiratory system  
(for current or previous TB, provide date and duration of treatment and name, strength and dosage of drugs used)

Normal     Abnormal   

11. Nervous system  Normal     Abnormal   

12. Mental state  Normal     Abnormal   

13. Gastrointestinal system including hernia orifices  Normal     Abnormal   

14. Locomotor system/physical build/mobility  Normal     Abnormal   

15. Skin and lymph nodes  Normal     Abnormal   

16. Endocrine system  Normal     Abnormal   

17. Ear/nose/throat/mouth/teeth  Normal     Abnormal   

18. Hearing                      Left                       Normal     Abnormal   

Right                       Normal     Abnormal   

19. Eyes  Normal     Abnormal   

20. VDRL test result - only in clinically indicated  Normal     Abnormal   

Please tick  
Positive or Negative Details

21. Hepatitis B antigen test result  Positive     Negative   

22. Human Immunodeficiency Virus test result: please repeat and perform Western Blot test. (Pre-test and post-test counselling for positive results is mandatory).

Positive     Negative   

23. Urinalysis: Blood  Albumin  Sugar

24. Stool Culture  mandatory for people coming to Samoa as food handlers and teachers

**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 Samoa or a financial burden to Samoa. Please tick the appropriate box:

No significant history or abnormal findings present

Significant history or abnormal findings present - please attach details

Subject to following condition: .....

  
    
    

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