





<b>A13.</b> Have you been diagnosed as having HIV, HTLV, AIDS, an AIDS related condition, or any immune deficiency syndrome?		Yes	No
<b>A14.</b> Do you suffer or have you ever suffered from any nervous or mental illness or disorder?		Yes	No
<b>A15.</b> Height (in cm)	<b>A16.</b> Weight (in kg)		
<b>A17.</b> Is your vision impaired and not corrected?		Yes	No
<b>A18.</b> Cardiovascular – Any abnormalities, or signs thereof (including relating to blood pressure, pulse or heart murmurs)		Yes	No
<b>A19.</b> Digestive system and abdomen – Any abnormalities, or signs thereof?		Yes	No
<b>A20.</b> Musculoskeletal system – Any abnormalities, or signs thereof?		Yes	No
<b>A21.</b> Endocrine system – Any abnormalities, or signs thereof?		Yes	No
<b>A22.</b> Nervous system and sense organs – Any abnormalities, or signs thereof?		Yes	No
<b>A23.</b> General health and other systems – Any abnormalities, or signs thereof?		Yes	No
<b>A24.</b> Skin, nails, and hair – Any abnormalities, or signs thereof?		Yes	No



**A25.** Comments and final evaluation

**A26. NOTE:** Medical examiner must review the results of an HIV/AIDS test that correctly identifies this applicant and that was performed within three (3) months of the examination. Please check NO only if the test was unambiguously negative, and check YES otherwise, with remarks in the comments and evaluation section or on a separate sheet.

Yes

No

### Part B: Details of Medical Examiner

**B1.** Full name

**B2.** Organization

**B3.** Position

**B4.** Address

**B5.** Practitioner license number or certification (if applicable)

**B6.** Telephone number

**B7.** Fax number

#### Medical Examiner Certificate

I hereby certify that I have identified, questioned, and examined the applicant and have answered all of the questions and supplied all of the information to the best of my knowledge and in good faith.

Medical examiner signature and stamp:

Place of examination

Date of examination