

# **AUSTRALIA-MALAYSIA PARTNERSHIP EXCHANGE PROGRAMME FOR EARLY CHILDHOOD WORKERS**

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## **- MEDICAL FORM -**

### ***Personal Particulars of Applicant***

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ I.C. No: \_\_\_\_\_

### ***Medical History***

Have you had any significant or serious illness or injury? (If hospitalised, give place and dates)

\_\_\_\_\_  
\_\_\_\_\_

Have you had any operations or advised by a physician to have an operation? (If so, please describe)

\_\_\_\_\_  
\_\_\_\_\_

Do you currently use any drugs for treatment of a medical condition? (If so, give name and dosage)

\_\_\_\_\_  
\_\_\_\_\_

Do you have any allergies? (If so, please describe)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever suffered from the following ailments?

	Yes	No	If yes, give brief details
Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chronic Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hepatitis A or B	<input type="checkbox"/>	<input type="checkbox"/>	_____
AIDS	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
High Blood/Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tumour / Cyst / Cancer	<input type="checkbox"/>	<input type="checkbox"/>	_____
Others	<input type="checkbox"/>	<input type="checkbox"/>	_____

***Certification by Medical Doctor (To be completed by a Registered Doctor)***

I have this day, examined \_\_\_\_\_, I.C. No. \_\_\_\_\_

and certify that:

- o He / She is not suffering from any disease and is healthy.
- o He / She is not very healthy but is not suffering from any contagious or infectious disease.
- o He / She is not healthy and is suffering from contagious or infectious disease which makes his / presence dangerous to the community.
- o He / She is not healthy and unfit for a long distance travel, and chances of recovery is very slim.

I recommend / do not recommend the applicant for the 3 weeks exchange training programme in Australia.

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

Name of Doctor: \_\_\_\_\_

Position Held: \_\_\_\_\_

Official Seal / Stamp: \_\_\_\_\_

Dated: \_\_\_\_\_