

AUSTRALIA-MALAYSIA PARTNERSHIP EXCHANGE PROGRAMME FOR EARLY CHILDHOOD WORKERS

- 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: _____