

CONSTRUCTION EDUCATION AND TRAINING AUTHORITY



MEDICAL CERTIFICATE

I hereby declare that (full name)

I D No

Sex who declares that he/she is years of age

at present, has been examined by me with the following result:

- 1. Are the lungs sound?
- 2. Are the sounds, impulse and rhythm of the heart normal?
- 3. Is there any hernia?
- 4. Is there any defect -
in figure?
in sight (including colour blindness)?
in speech?
- 5. (a) Are the teeth sound?
(b) If not, do they require immediate treatment?
- 6. Are there any tonsil or adenoid defects?
- 7. Is there any sign of appendicitis?
- 8. Are there signs of any illness or disease?
- 9. Is there any sign of epilepsy?
- 10. Is the applicant apparently free from any contagious disease?
- 11. Does the applicant suffer from any disability which is likely to handicap him in the course of training?
- 12. Do you consider the applicant to be normal mentally?

Date

Address

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Signature and Rubber Stamp
of Medical Practitioner