



PAN AFRICAN POSTAL UNION MEDICAL EXAMINATION REPORT FORM

DATE:/...../.....

NAME/DR/MR/MRS/MISS:

DATE OF BIRTH : SEX :

FAMILY MEDICAL HISTORY:

PERSONAL MEDICAL HISTORY:

- (a) HEREDITARY OR CONGENITAL CONDITIONS
- (b) SERIOUS OR CHRONIC DISEASES
- (c) ACCIDENTS
- (d) SURGICAL OPERATON
- (e) HOSPITALIZATION
- (f) WEIGHT CHANGE IN PAST YEAR
- (g) SKIN INFECTIONS

PRESENT CONDITION:

(1) GENERAL CONDITION

HEIGHT WEIGHT SKIN

(2) DIGESTIVE SYSTEM

TEETH TONGUE
 ABDOMEN
 LIVER SPLEEN
 HERNIA RECTAL EXAMINATION.....

(3) CIRCULATORY SYSTEM

PULSE BLOOD PRESSURE
 AUSCULTATION
 APEX BEAT VESSELS

(4) RESPIRATORY SYSTEMS

NOSE THROAT
 CHEST
 AUSCULTATION.....

(5) AUDITORY SYSTEM

EARS

HEARING	DRUMS
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RIGHT

LEFT ~ 1 ~

Telephone
Téléphone
255 27 2611440

Address/Adresse
13th Floor, PAPU Tower
282 Moshi Road, Philips Area
Sekei Ward
P.O Box 6026, Arusha 23190
United Republic of Tanzania

Website
Site Web
www.upap-papu.post

E-mail Address
Adresse E-mail
sc@papu.co.tz

- (6) VISION
 EYES
 ACUITY (CORRECTED) (UNCORRECTED)
 FIELDS COLOUR
- (7) GENITOURINARY SYSTEM
 GENITALIA KIDNEYS
 FOR WOMEN – L.M.P. PARA
 P.V. BREASTS
 PAP SMEAR IF POSSIBLE
- (8) LOCOMOTOR SYSTEM
 LIMBS
 GAIT DEFORMITY
- (9) NERVOUS SYSTEM
 TEMPERAMENT
 MENTAL STATUS
 CRANIAL NERVES
 SUPERFICIAL REFLEXES
- (10) INVESTIGATION (PLEASE FORWARD ALL FILMS AND REPORTS)
 CHEST X-RAY
 ELECTROCARDIOGRAM
 STOOL EXAMINATION
 URINE ANALYSIS
 BLOOD
 HAEMORGRAM
 SEROLOGY (KHAN/VORL)
 BIOCHEMISTRY (LIVER/KIDNEY FUNCTION TESTS, URIC ACID, BLOOD SUGAR ETC)
 HAEMGLOBIN ELECTROPHORESIS
- (11) OTHERS AS INDICATED

- (12) OPINION

I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT I HAVE EXAMINED
 DR/MR/MRS/MISS AND FOUND
 HIM/HER TO BE MEDICALLY FIT/UNFIT FOR EMPLOYMENT HE/SHE IS ON/NOT ON TREATMENT (SPECIFY)

DATE/...../.....

OFFICIAL STAMP

PHYSICIAN'S SIGNATURE

PHYSICIAN'S NAME
 ~ 2 ~

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 255 27 2611440

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