



FIJI TEACHERS UNION

THE CHANGING HOPE

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Affiliated to EDUCATION INTERNATIONAL, FTUC, Fiji Teachers Confederation & COPE

President : Sashi Mahendra Shandil

Our Ref:

General Secretary: Muniappa Goundar

Your Ref:

FTU MEDICAL

Medical Examination Report

PERSONAL STATEMENT

SURNAME:..... GIVEN NAME.....

Contact: M..... R.....

DATE OF BIRTH:.....

TPF:.....

HABITS

Do you smoke? Yes..... No.....

Do you consume alcohol? Yes..... No.....

Do you take drugs not prescribed by a doctor? Yes..... No.....

Others:.....

MEDICAL HISTORY

Medical examination in the past year? Yes... No...

Kidney or bladder disease? Yes... No...

Cancer? Yes... No...

High blood pressure? Yes... No...

Diabetes or Heart disease? Yes... No...

Bronchial asthma, tuberculosis or other lung disease? Yes... No...

Gall bladder, liver, stomach or intestinal disease? Yes... No...

All correspondence to the General Secretary Fiji Teachers Union, Please.

Branches Suva Nasiru Rewa Taveuni Ra Taveuni Ba Lautoka Nadi Sigatoka Navua Labasa Suva Taveuni Savusavu Levuka

Sexually transmitted disease? Yes... No...
Mental incapacity, brain or nervous disorder? Yes... No...
Hearing, speech or sight defects? Yes... No...
Skin Disorder? Yes... No...
Disorder of reproductive system? Yes... No...
Disorder of joints, back or spine? Yes... No...

FAMILY HISTORY

Have you or any of your parents or siblings died or suffered from diabetes, high blood pressure, heart or kidney disease or any hereditary or familial disorder? Yes... No...

If yes please provide brief description:

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.....

Declaration

I declare that the answers in the above report are true and complete.

SIGNED AT:.....DN:.....

APPLICANT:.....DR.....

MEDICAL EXAMINATION

Respiratory System	Normal....	Abnormal....
Cardiovascular system	Normal....	Abnormal....
Nervous System	Normal....	Abnormal....
Digestive System	Normal....	Abnormal....
Genito-Urinary System	Normal....	Abnormal....
Musculoskeletal System	Normal....	Abnormal....
Skin	Normal....	Abnormal....
Ear, nose and throat	Normal....	Abnormal....
Eyes	Normal....	Abnormal....

MEASUREMENTS

Bp:.....

Pulse:.....

Height:.....

Weight:.....

INVESTIGATIONS

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OBSERVATIONS

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I confirm that I have medically examined In my opinion, he/she is/is not in satisfactory mental and physical health.

DR:.....

Dated at ON.....

Medical reports are required to determine any pre-existing condition. Non compliance with this means an automatic one year waiting period on any pre-existing condition.

Single cover – Medical report required for member only.

Family Cover – Medical report required for member and all dependents above age 30.

If you are below age 30 years and have been in teaching service for more than 12 months, you need to submit a standard medical report on the form provided.

If you are above age 30 years and in the teaching service for more than 12 months, you need to submit a standard medical report together with full blood count results and chest x-ray results to determine any pre-existing condition.