

<p>7. DIGESTIVE ORGANS</p> <p>a) Do palpation and percussion suggest any pathological changes of the abdomen or is there tenderness or pressure over the epigastrium ?</p> <p>b) Is there evidence of enlargement of the liver and/or spleen ?</p> <p>c) Is there any hernia ?</p> <p>d) Condition of teeth ?</p>	<p>a)</p> <p>b)</p> <p>c)</p> <p>d) Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/></p>
<p>8. GENITO-URINARY ORGANS</p> <p>a) Urinalysis (The urine should be passed in the presence of the Medical Examiner)</p> <p>b) Is there any suspicion on disease of the sexual organs (testes, epididymides, prostate gland) ?</p>	<p>a) Alburmin: Sugar:</p> <p>b)</p>
<p>9. EYES AND EARS</p> <p>Is there any disease of the Eyes or Ears ? If so, please describe and indicate whether uni-or bilateral</p>	
<p>10. NERVOUS SYSTEM</p> <p>Is there any suspicious of mental or neurological disorder?</p>	
<p>11. SKIN AND BONES</p> <p>a) Is any evidence of skin disease ?</p> <p>b) Is there any evidence of disease of the bones or joints?</p>	<p>a)</p> <p>b)</p>
<p>12. MODE OF LIVING</p> <p>Is the proposer's occupation or mode of living likely to be detrimental to his health ?</p>	
<p>13. AIDS</p> <p>Has the proposer ever been counselled or Medically advised in connection with AIDS or had an AIDS blood test ? Is so please give details, dates and results:</p>	
<p>14. SPECIAL REMARKS</p> <p>Please state your reason.</p>	

I hereby declare that I have today examined the Proposer and have answered the foregoing questions to the best of my knowledge and belief.

Date at.....this.....day of.....20.....

Name of Medical Examiner.....Qualification.....

Address.....Signature.....

Signature of the Proposer.....

(to be signed in the presence of the Medical Examiner)