Amano Christian School

Medical Form B

Please complete this form and return it to the Medical Adviser in the enclosed address envelope. All information given will be treated as confidential.

Section 1: Personal Details	**Please PRINT clearly**
Name of Applicant:	
Date of Birth	Current Age:
Gender (Male or Female):	
Place of Birth:	
Present Occupation:	
Permanent Address:	
Telephone Number:	
Email Address:	

Marital Status (Please tick):

Single	☐	Married	☐	Divorced	☐
Separated	☐	Widowed	☐		

Do you have any children? (Please tick)	Yes	☐	No ☐
If Yes, how many? (Please specify their age)			

Section 2: Family History **Please PRINT clearly**

Please include all blood relatives (parents, grandparents, aunts/uncles etc)

Do any of your family members suffer from the following illnesses (please tick):

Epilepsy	☐	Diabetes	☐	Tuberculosis	☐
Heart problems	☐	Migraines	☐	Other (please state)	☐
Thyroid Problems	☐	Asthma	☐		

Have any of your family ever suffered from the following (please tick):

Emotional ill health	☐	Mental illness	☐	Depression	☐
Nervous Disease	☐	Suicidal Tendency	☐	Other (please state)	☐

Section 2: Family History *(Continued from page 1)*

If you ticked any of the above options, please give details below of which family members have suffered from the mentioned illnesses:

Section 3: Personal History Please answer ALL Questions

Please give details below of any serious illnesses you have ever suffered from (e.g. TB, diabetes, stomach ulcers, colitis, epilepsy, asthma, urinary infections, back problems etc.)

Dates/years illness occurred	**Details**

Have you had any operations? (Please tick) Yes ☐ No ☐

If yes, please give details:

Have you had any serious accidents? (Please tick) Yes ☐ No ☐

If yes, please give details:

Please give details of any disabilities you suffer from:

Do you have any allergies or skin conditions? Yes ☐ No ☐

If yes, please give details:

Have you ever needed emergency treatment? Yes ☐ No ☐

If yes, please give details:

Section 3: Personal History *(Continued from page 2)*

Please give details of any regular medication you take and for what reason:

Do you smoke cigarettes? Yes ☐ No ☐

Do you drink alcohol? Yes ☐ No ☐

If yes, how many units approx. per week?

Have you ever used any of the following addictive drugs (please tick **if applicable**):

Stimulants (e.g. Cocaine/amphetamines) ☐ Hallucinogens (e.g. Cannabis/Ecstasy) ☐

Deliriants (e.g. Solvents/gases) ☐ Depressants (e.g. Heroin/Sleeping pills) ☐

None of these ☐

Do you ever suffer from any of the following:

Chest pains ☐ Breathlessness ☐ High Blood Pressure ☐

Palpitations ☐ Swollen Ankles ☐ None of these ☐

Have you experienced any hearing/ear problems? Yes ☐ No ☐

Do you regularly visit the dentist? Yes ☐ No ☐

When did you last have an eye test?

Do you wear either: Glasses ☐ Contact lenses ☐

(N.B. Please note: If you wear glasses, you will need 2 pairs in case of breakage. If you wear contact lenses you must ensure you have the proper cleansing solutions. Tap water is dangerous)

Is your weight steady, increasing or decreasing?

Do you sleep well? Yes ☐ No ☐

If no, please give details:

Have you ever had to take leave from work, due to (please tick if appropriate):

Physical ill health ☐ Emotional ill health ☐

If you ticked either box, please give details of when it occurred and the length of duration:

Section 3: Personal History *(Continued from page 3)*

Have you ever personally suffered from the following:

Depression	☐	Post-viral fatigue	☐
Eating Disorders (e.g. Anorexia)	☐	M. E.	☐

If you ticked any of the above, please give details:

If you suffered from the above, did you require referral to:

A psychiatrist	☐	A hospital	☐	Medication	☐

Have you ever lived abroad?	Yes	☐	No	☐

If yes, where and for how long?

Did you suffer from any illness while abroad?	Yes	☐	No	☐

If yes, please give details:

FEMALE CANDIDATES:

Do you have regular periods, any unusual pains or discharges? Please specify:

If relevant, please give details of pregnancies and births.

If menopausal, are you experiencing any problems?

To the best of my knowledge, all information is correct and true.

Signed ..... Date .....