



## Maldives Correctional Service

**Prison Officer - Medical Examination Form**

(The role of prison officer requires you to be fit and healthy, so the Medical Examination plays a pivotal role in the recruitment process)

**Personal Information**

Name:

Permanent Address:

ID Number :

Date of Birth:

Mobile Number:

Sex: F  M 

Please answer all questions. Tick either Yes or No. If you answer Yes to any question please give details and continue on a separate sheet if necessary

	Yes	NO		Yes	NO		Yes	NO
ADHD (Attention-Deficit Hyperactivity Disorder)	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions/Seizure	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	High blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Cancer / Leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>

**Radiological Report**

X-Ray Report (Chest / Spine etc...)

Full Name in BLOCK LETTERS:

Signature of Doctor:

Designation:

Radiographer's Name &amp; Signature:

**Laboratory Investigation**

HB		Blood Group :	RH Type:	
Total WBC Count		HIV	<input type="checkbox"/> Reactive	<input type="checkbox"/> Non-Reactive
Urine	Albumin	VDRL	<input type="checkbox"/> Reactive	<input type="checkbox"/> Non-Reactive
	Sugar	HBsAg	<input type="checkbox"/> Reactive	<input type="checkbox"/> Non-Reactive

Laboratory Technician 's Name & Signature :

**Other Tests**

<input type="checkbox"/> Electrocardiogram (ECG)	Drug Screening:		
	<input type="checkbox"/> Amphetamine	<input type="checkbox"/> Barbiturates	<input type="checkbox"/> Cocaine
	<input type="checkbox"/> Methaqualone	<input type="checkbox"/> Opiates	<input type="checkbox"/> Propoxyphene
	<input type="checkbox"/> Methadone	<input type="checkbox"/> Phencyclidine	<input type="checkbox"/> Benzodiazepines
	<input type="checkbox"/> Tetra Hydro Cannabinoids		

**Examination by Medical Officer**

Height(cm)	Weight(kg)	BMI	Blood Pressure	Pulse	Respiration	Hearing	
			Cyst			Left Ear	Right Ear
			Diast				
Color Perception						Eye Sight	
<input type="checkbox"/> Normal		<input type="checkbox"/> Partial		Total CB	withoutcorr		
					withcorr		

Cardio-vascular System	Skin
Respiratory System	Nervous System
Digestive organs	Mental condition
Bones And Joint	Genitor Urinary System
Teeth	Gum

In case of any abnormal details of disability , please list the below and also state whether it is of a temporary or a permanent nature

I certify that I have examined the above named, that the result are set forth and that in my opinion:

Please (✓) where applicable

Subject of any special observation listed above. The above named is in good health and of sound constitution and no suffering from any mental and health defect which would Cause inability to work in \_\_\_\_\_ (specific place)

The above named suffers a mental / physical defect as quoted and / or is NOT in good health

Signature and Qualification of Medical Officer :

Company Seal:

Full Name in BLOCK LETTER;

Date :