REPUBLIC OF TRINIDAD AND TOBAGO

IMMIGRATION REGULATIONS, 1974

PHYSICAL EXAMINATION OF APPLICANT

(To be completed by Examining Medical Officer after Form 40 has been presented)

Name of Applicant .....

Height ..... Weight .....

Eye Abnormalities: Hearing (conversation voice):

Right ..... Left ..... Right ..... Left .....

Head and Neck ..... Ear Drums .....

Spine ..... Skin .....

Lungs ..... Chest X-ray .....

Heart ..... Pulse ..... Blood Pressure .....

Abdomen ..... Hernia .....

Repeat Blood Pressure if Abnormal .....

Genito-Urinary .....

Neurological .....

Is Applicant Pregnant? .....

Urinalysis .....

Remarks .....

Qualifications .....

Address .....

Date ....
Signature of Examining Medical Officer

I certify that I have this day examined the above-named person and that the results are as set forth, and I certify that in my opinion, subject to any special observations under "Remarks," he/she is in good health and of sound constitution, and not suffering from any infectious, mental or bodily defects which prevent him/her from earning his/her own living.

Remarks .....

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Date ....
Signature and Qualifications
Medical Officer and Practitioner

Address .....

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This form must be Mad In by/for every applicant over 16 years old and by parents or guardians on behalf of applicants less than 16 years old.

G.P., Tr./To.—E2970—100,000— /88