Government of Samoa

MEDICAL REPORT

for person applying to live temporarily in Samoa

This form is to be completed by a registered medical practitioner after personally examining the applicant.

Attach a passport-sized photo of the applicant here

PART A. TO BE COMPLETED BY THE APPLICANT BEFORE VISITING THE DOCTOR

1. Family name _____ 2. Given name _____

3. Gender _____ 4. Date of birth _____ 5. Occupation _____

6. How long do you intend staying in Samoa? _____

7. Your medical history:
Have you ever had:

		Please tick YES or NO		If yes, provide details
(a)	an operation?			
(b)	been admitted to hospital?			
(c)	have you previously suffered or presently suffering from any communicable diseases for more than 2 weeks eg. Tuberculosis other			
(d)	an abnormal x-ray?			
(e)	convulsions, fits or epilepsy?			
(f)	anxiety, depression or nervous complaints requiring treatment/ Counselling?			
(g)	high blood pressure?			
(h)	heart trouble, chest pains or breathlessness?			
(i)	kidney or bladder disease or complaint?			
(j)	any illness, injury or medical condition lasting more than 2 weeks or a recurring condition not mentioned above?			
(k)	are you taking any pills, medicine or having any other medical treatment?			
(l)	have you ever been addicted to a drug or taken drugs illegally?			
(m)	do you consume alcohol?			
(n)	do you smoke, or have you ever smoked tobacco?			
(o)	Do you have a medical condition that may require periodic hospitalisation			

APPLICANT'S DECLARATION - to be signed in the presence of the examining doctor.

I declare that the information I have provided on this form is correct.

Signature _____ **Date** _____

PART B: EXAMINING DOCTOR'S FINDINGS

8. Height ____ Weight ____ Blood pressure ____ BSL ____

	Please tick Normal	Please tick Abnormal	Details
9. Cardiovascular system (record any evidence of heart murmurs, cardiac failure, irregularity or other heart abnormality)			
10. Respiratory system (for current or previous TB, provide date and duration of treatment and name, strength and dosage of drugs used)			
11. Nervous system			
12. Mental state			
13. Gastrointestinal system including hernia orifices			
14. Locomotor system/physical build/ mobility			
15. Skin and lymph nodes			
16. Endocrine system			
17. Ear/nose/throat/mouth/teeth			
18. Hearing Left			
Right			
19. Eyes			
20. VDRL test result - only in clinically indicated			

	Please tick Positive	Please tick Negative	Details
21. Hepatitis B antigen test result			
22. Human Immunodeficiency Virus test result: please repeat and perform Western Blot test. (Pre-test and post-test counselling for positive results is mandatory).			

23. Urinalysis: Blood ____ Albumin ____ Sugar ____

24. Stool Culture ____ mandatory for people coming to Samoa as food handlers and teachers

DOCTOR'S CONCLUSIONS: Please consider the information you have provided about this applicant. Please consider if the applicant has the potential to be a health risk in Samoa or a financial burden to Samoa. Please tick the appropriate box:

- ☐ No significant history or abnormal findings present
- ☐ Significant history or abnormal findings present - please attach details
- ☐ Subject to following condition: .....

Doctor's signature	Doctor's Full Name	Contact phone	Date