



BELIZE

HIGHLY CONFIDENTIAL

REPORT ON MEDICAL EXAMINATION OF APPLICANTS

FOR A LICENCE TO TEACH IN BELIZE

In accordance with the Education and Training Act, (NO. 3 of 2010), Section 28 (3) (b)

NOTE: THIS FORM IS TO BE SUBMITTED UNDER CONFIDENTIAL COVER TO THE DIRECTOR, TEACHING SERVICE COMMISSION SECRETARIAT

To be completed by the Medical Officer examining the candidate and to be forwarded to the *DIRECTOR, TEACHING SERVICE COMMISSION SECRETARIAT*, with Form EDR 4 **APPLICATION FOR A LICENSE TO TEACH**, which should be completed and signed by the candidate along with all other required documents attached.

I have examined _____
with the following results:-

1. General conditions _____

Height _____ Weight _____

External signs of diseases or injuries

(including scalp, ear discharge, etc.)

2. Vision Right Eye _____ Left Eye _____
Color Sense _____

3. Hearing _____ 4. Teeth and Fauces _____

5. Pulse _____ 6. Respiration _____

7. Lungs _____ 8. Heart _____

9. Blood Pressure _____

10. Liver _____ 11. Spleen _____

12. Groins _____ 13. Legs and Feet _____

14. Nervous System _____ 15. Skin _____

16. Mental Condition _____

17. Evidence of Alcoholism _____

18. Urine – S.G _____ Sugar _____ Albumen _____

19. Is there any evidence of family sickness, such as Aphthisis, insanity, cancer, diabetes, etc?

20. Vaccinated on _____

21. Report of X-Ray of the Chest. (to be submitted separately, if necessary)

Remarks:-

22. Drug Test (**Required: Attach results**):

Cocaine Positive _____ Negative _____

Marijuana Positive _____ Negative _____

CERTIFICATE

I certify that I have examined _____

And find him/her physically and mentally fit/unfit for appointment to the Government Service as

Signature: _____

Date: _____

Comments:-

