

**MEDICAL EXAMINATION FORM FOR CANDIDATES APPLYING FOR PARK GUIDE LICENCE**

Candidates applying for the Park Guide Licence (including Provisional Park Guide Licence) are responsible for giving true and correct information. If any candidate is later found to have given false information, when the licence has been issued, the licence will be withdrawn and cancelled.

**Where asterisk (\*) is indicated, please circle the answer.**

**A. APPLICANT'S PARTICULARS**

- 1. Name: .....
- 2. MyKad/Passport No ..... 3. Birth place:.....
- 4. Tel (Home): ..... 5. Cellphone: .....
- 6. E-mail: .....7. Sex: .....
- 8. Race: ..... 9. Age: ..... 10. Marital status: .....
- 11. Citizenship: .....
- 12. Residential address:  
.....  
.....  
Postcode: ..... Town: ..... State: .....
- 13. Occupation: .....

**B. APPLICANT'S ADMISSION REGARDING OWN HEALTH**

- |                            |         |                                      |
|----------------------------|---------|--------------------------------------|
| 1. Are you suffering from: |         | If YES state date and other details. |
| a) Blood stained sputum    | YES/NO* | .....                                |
| b) Asthma                  | YES/NO* | .....                                |
| c) Tuberculosis            | YES/NO* | .....                                |
| d) Other diseases of lungs | YES/NO* | .....                                |
| e) Joint pains             | YES/NO* | .....                                |
| f) Swelling of legs        | YES/NO* | .....                                |

- g) Giddiness YES/NO\* .....
- h) Hernia YES/NO\* .....
- i) Epilepsy YES/NO\* .....
- j) Diabetes YES/NO\* .....
- k) Hypertension YES/NO\* .....
- l) Drug addiction YES/NO\* .....
- m) Any other disease or serious injury YES/NO\* .....

**2. Condition of senses**

- a) Taste Normal / Abnormal\* .....
- b) Smell Normal/ Abnormal\* .....
- c) Touch Normal/ Abnormal\* .....
- d) Vision Normal/ Abnormal\* .....
- e) Hearing Normal/ Abnormal\* .....

- 3. a) **Have you been examined by a Medical Board?** Yes / No\*
- b) Please indicate whether you agree that the Medical Board records (if any) being examined by the doctor performing this medical examination. Yes / No\*
- c) Have you or any member of your family or any close relatives suffered from mental illness or hereditary disease? Yes/ No\*

**I hereby declare that all the information that I have given are true and correct.**

**Signature of applicant:**.....  
**Name of Applicant:**.....  
**Date:**.....

### C. DETAILS OF DOCTOR'S EXAMINATION

1. Height .....meters.

2. Weight .....kg.

#### 3. Examination of the eyes:

a) Unaided vision

i) Right eye.....

ii) Left eye.....

b) Aided vision

i) Right eye.....

ii) Left eye.....

c) Colour Perception

i) Right eye ..... Normal/Abnormal\*

ii) Left eye.....Normal/Abnormal\*

d) Fundus

i) Right eye .....Normal/Abnormal\*

ii) Left eye.....Normal/Abnormal\*

#### 4. Examination of the ears:

a) Any ear discharge

i) Right ear.....Yes/No\*.....

ii) Left ear.....Yes/No\*.....

b) Tympanic perforation

i) Right ear.....Yes/No\*.....

ii) Left ear.....Yes/No\*.....

c) Hearing

i) Right ear Normal/Abnormal\* .....

ii) Left ear Normal/Abnormal\* .....

**5. Examination of teeth:**

- a) Any advanced dental caries            Yes/No\* .....
- b) Wearing dentures                        Yes/No\* .....

**6. Examination of mouth and throat:**

- a) Any enlarged tonsils                    Yes/No\* .....
- b) Any cleft palate                         Yes/No\* .....
- c) Any other severe abnormality        Yes/No\* .....

**7. Examination of Pulse:**

- a) Rate per minute:.....            Normal/Abnormal\*
- b) Character                                Normal/Abnormal\*

**8. Examination of blood pressure**

- a) Systolic.....mmHg
- b) Diastolic.....mmHg
- Blood pressure.....Normal/Abnormal\*

**9. Examination of Chest**

- a) General characteristic.....        Normal/Abnormal\*
- b) Expansion of chest.....            Normal/Abnormal\*
- c) Equal on both sides on expansion.....Yes/No\*
- d) Percussion.....Normal/Abnormal\*
- e) Auscultation.....Normal/Abnormal\*

**10. Examination of Chest**

- a) Size.....Normal/Abnormal\*
- b) Heart beat.....Normal/Abnormal\*
- c) Rhythm.....Normal/Abnormal\*
- d) Any murmur or other abnormalities.....Yes/No\*

**11. Examination of Abdomen**

- a) Liver.....Normal/Abnormal\*
- b) Spleen.....Normal/Abnormal\*
- c) Any abnormal abdominal mass.....Yes/No\*

**12. Examination of Hernial orifices.....Normal/Abnormal\***

**13, Examination of Reflexes and Mental alertness**

- a) Knee jerk.....Normal/Abnormal\*
- b) Ankle jerk.....Normal/Abnormal\*
- c) Plantar jerk.....Normal/Abnormal\*
- d) Condition of pupil.....Normal/Abnormal\*
- e) Light reflex.....Normal/Abnormal\*
- f) Mental condition.....Normal/Abnormal\*
- g) Speech..... Normal/Abnormal\*

**14. Examination of Locomotor system**

- a) Upper limbs.....Normal/Abnormal\*
- b) Lower limbs.....Normal/Abnormal\*
- c) Spinal column.....Normal/Abnormal\*
- d) Gait.....Normal/Abnormal\*

**15. Examination of urogenital.....Normal/Abnormal\***

**16. Examination of urine**

- a) Specific gravity.....
- b) Sugar.....
- c) Microscopic examination.....
- d) Drugs.....

**17. Chest X-ray**

- a) X-ray ref. No. ....
- b) Date of X-ray.....
- c) Place where X-ray taken.....
- d) Result of X-ray.....  
.....  
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.....

**18. Any other examination deemed necessary in the opinion of the examining doctor.**

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**D. DOCTOR'S CONCLUSION**

I hereby confirm that I have examined.....

MyKad/Passport No.....on.....

including chest X-ray and found that:-

1. [ ] He/She is physically and medically fit to perform the duty of a Park Guide.
2. [ ] He/She is not physically and medically fit to perform the duty of a Park Guide.

**Signature of Doctor:**.....

**Name:**.....

(CAPITAL LETTERS)

**MYKAD No:**.....

.....  
( OFFICIAL SEAL )