

B) TO BE COMPLETED BY THE DOCTOR (To be completed by M.D. only)

1. a) History _____
b) Any past history of disease, operation, accidents, investigation, etc. _____
c) General Examination with B.P. Reading _____
d) Systemic Examination _____
2. Electrocardiography :
a) Does the attached Electrocardiogram in your professional opinion show any abnormalities if so, please describe : _____
b) Does the abnormality represent a current illness or disease which may possibly require medical treatment during proposer's forthcoming trip? _____
c) Does the Proposer now or did he/she in the past, require medication for this abnormality? _____
d) Please describe any treatment taken by Proposer in the past or being taken at present : _____
e) Do you recommend Stress Test ? If so please obtain the report on such test. _____
3. Does the Blood / Urine Strip Test show any sugar? _____
4. Do you consider that Proposer is fit to travel anywhere abroad, due account being taken of the stress of air travel adversely affecting his health / medical condition? _____

Signature of the Doctor : _____

Name of the Doctor : _____

Qualification : _____

Address : _____

Telephone No. : _____