

Medical Examination Questionnaire

If you select 'yes' to any of the following questions, please provide the relevant details, including dates

Name of applicant: Olivia Strydom

1. Have you ever been diagnosed with, or had to take treatment for, Tuberculosis (TB)?
 Yes No _____
 2. Have you ever been in close contact at work or at home with a person known to have TB?
 Yes No _____
 3. Have you ever been admitted to hospital and/or received medical treatment for an extended period for any reason (including for a major operation or treatment psychiatric illness)?
 Yes No _____
 4. Do you suffer, or have you ever suffered, from mental health problems?
 Yes No _____
 5. Have you ever been told you are HIV positive?
 Yes No _____
 6. An abnormal or reactive Hepatitis B or Hepatitis C blood test?
 Yes No _____
 7. Do you have or have you had cancer in the last 5 years?
 Yes No _____
 8. Do you have high blood sugar/diabetes?
 Yes No _____
 9. Do you have heart problems, including high blood pressure or a heart condition that you were born with?
 Yes No _____
 10. Do you have a blood condition?
 Yes No _____
 11. Do you have bladder or kidney problems?
 Yes No _____
 12. Do you have a physical or intellectual disability that makes it difficult for you to function independently? E.g. to move around, learn or work full-time?
 Yes No _____
 13. Do you need to take drugs or drink alcohol regularly?
 Yes No _____
 14. Are you taking any prescribed pills or medication (excluding oral contraceptives, over-the-counter medication and natural supplements)?
 Yes No _____
- Female applicants only:
15. Are you Pregnant? If so, what is your due date?
 Yes No _____