

MEDICAL EXAMINATION OF APPLICANTS FOR RESIDENCE/WORK PERMIT	Place
	Date of Examination

At the request of the Ministry of Labour Dominica	City	Country
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I certify on the above date I examined	Name	Age	Sex
	Who bears passport No.	Issued By	On

I examined specifically for evidence of any of the following conditions:

CLASS A:

DANGEROUS CONTAGIOUS DISEASES:

Chancroid
 Gonorrhoea
 Granuloma inguinale
 Leprosy, infectious

Lymphogranuloma
 Syphilis, infectious stage
 Tuberculosis, active
 HIV

MENTAL CONDITIONS:

Mental retardation
 (mental deficiency)

Previous occurrence of one or more attacks
 of insanity

Mental defect
 Narcotic drug addiction
 Chronic alcoholism

Insanity

Psychopathic personality
 Sexual deviation

CLASS B:

Physical Defect, Disease, or Disability serious in degree or permanent in nature amounting to a substantial departure from normal physical well-being.

CLASS C:

Minor Conditions

(CHECK NUMBER (1) BELOW OR COMPLETE NUMBER (2))

My examination, including the X-ray and other reports below, revealed:

- (1) No defect, disease, or disability.
- (2) Defect, disease, or disability, or previous occurrence of one or more attacks of insanity, as follows
(give class — A, B, or C — diagnosis, and permit details*):

Chest X-ray report.....

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..... From Dr.

Blood serological report From Dr.

Other special report(s) when needed

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..... From Dr.

<i>Signature of Medical Technical Advisor</i>	TITLE	DATE OF FINAL REPORT
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