

TRAINING DIVISION

**PUBLIC SERVICE COMMISSION
BERKERLY CRESENT, SUVA FIJI**

APPLICATION FOR POLICE CLEARANCE

1. Name in full (including
Father's name, if Indian)

2. Address: (Business)

(Home)

3. Occupation

4. Nationality

5. Date of Birth

6. Place of Birth

7. Marital Status

8. Number and sex of children

9. Passport Number

10. Place of Issue

11. Date of Issue

12. Any additional remarks

PUBLIC SERVICE COMMISSION
Workforce Planning and
Scholarships Unit
P.O. Box 2211,
Government Bridge, Suva, Fiji

Date _____

Signature _____

MEDICAL EXAMINATION OF STUDENTS

Medical Officer in Charge (Hospital) _____

The bearer Mr/Mrs/Ms _____ has been
awarded a Fiji Government Scholarship to study at _____ in 20____.

Kindly forward report in duplicate on this form to the Director of Training, Public Service Commission, Suva.

Signature Mervin Kalin Designate _____

Date 11/02/10

WORKFORCE PLANNING & SCHOLARSHIP UNIT
for Secretary for the Public Service Commission

NOTE TO CANDIDATES:

You should: (1) Make appointment with the Sister-in Charge of the clinic before going for examination.

(2) Take stool and urine samples on first visit.

A. To be completed by the candidates:

Surname: _____

Forenames: _____

Date of Birth _____ Marital status _____ No. of children _____

B. To be completed by the Medical Officer from answers given by candidates.

- | | |
|-----------------------------------|--------|
| 1. Enteric Fever (Typhoid) | Yes/No |
| 2. Dysentery or Chronic Diarrhoea | Yes/No |
| 3. Malaria | Yes/No |
| 4. Venereal Disease | Yes/No |
| 5. Rheumatic Fever | Yes/No |
| 6. Heart Disease | Yes/No |
| 7. Tuberculosis | Yes/No |
| 8. Rupture | Yes/No |
| 9. Kidney Disease | Yes/No |

- | | |
|---|--------|
| 10. Chest complaint (if yes, give details) | Yes/No |
| 11. Diabetes | Yes/No |
| 12. Hypertension | Yes/No |
| 13. Asthma | Yes/No |
| 14. Discharge from ear or deafness | Yes/No |
| 15. Leprosy | Yes/No |
| 16. Insanity, Mental instability
Nervous breakdown or Disorder | Yes/No |
| 17. Epilepsy or Fits | Yes/No |
| 18. Any other serious or chronic disease (If yes, details please) | Yes/No |

(II) Have you met any serious accident or personal injury or have had a surgical operation. Yes/No (If yes, details please) _____

(III) What is the present state of your health?

(IV) L.N.M.P. _____

(V) Are you predisposed to any complaint? Yes/No (If yes, details please) _____

C. State the following particulars regarding your parents:

If Living			If Dead	
	Age	State of Health	Age	Cause of Death
Father				
Mother				

CONFIDENTIAL

MEDICAL REPORT

Eyes _____

Chest Xray _____

Stool _____

Urine Albumen _____ Sugar _____ Deposit _____

Blood HB G% _____ B/P _____

Heart _____

Lungs _____

Abd _____

C.N.S. _____

G.U.S. _____

E.N.T. _____

L.N.M.P. _____

* HIV and Pregnancy test :

The Medical Officer should, in addition to any observations he may add, make special reference to the condition of the candidates eye-sight and hearing in this space.

In my opinion this candidate is mentally and physically Fit/Not Fit to pursue studies at _____

Signature of Medical Officer _____

Date _____

I hereby declare that I have carefully considered the statements made above, that to the best of my belief they complete and correct and that I have not withheld any relevant information or made any misleading statement and I e my consent to be examining or assessing Medical Officer to communicate with any Physician who has attended me.

nature of candidate _____

Witness _____
(Medical Officer)

Date _____

Date _____