CONDITIONS OF A RECURRENT NATURE

Although the person(s) may be generally in a good state of health at the time of the examination, it would be appreciated if the medical officer/practitioner could furnish details of any diseases, condition or defect the person(s) has/have suffered and which might recur.

I hereby certify that I have examined the following person(s)

1. 
2. 
3. 
4. 
5. 
6. 
7. 
8. 

and find him/her:
(a) not mentally disordered or physically defective in any way;
(b) not suffering from leprosy, venereal disease, tuberculosis or other infectious or contagious diseases;
(c) generally in a good state of health,
except for the following defects observed:

Name of person(s) (Please type or print)


Signature of medical officer/practitioner

Official name and address of medical officer/practitioner/hospital

Date

Int. Code **"Mental disorders" includes the following:**

- 200-209 All psychose
- 300 Neuroses
- 301 Personality disorders
- 303-304 Addictions
- 310-311 Behavioral disturbances of childhood
- 310-315 All forms of mental retardation
- 320-349 Epilepsy and all other forms of degeneration of the central nervous system.