

MEDICAL REPORT PART II

N.B. - To be completed by a physician and sent to:

The Office of the Registrar:
Bethel Bible College
P.O. Box 1694
Mandeville
Manchester
Jamaica

NAME: _____ SEX _____ AGE _____

HEIGHT _____ WEIGHT _____ BUILT _____

CONDITION OF:

	WITHOUT GLASSES	WITH GLASSES
EYES	R/20 _____	R/20 _____
	L/20 _____	L/20 _____
EARS	DRUMS _____	HEARING _____

NOSE

THROAT AND MOUTH _____

ABDOMEN _____

GENITO-URINARY _____

SKIN _____

NERVOUS SYSTEM _____

IMMUNIZATION: TYPE _____

COMPLETED? _____

URINALYSIS SP. Gravity: _____ Glucose: _____ Albumen: _____ B.P. _____

1. What is your estimation of:

(a) The applicant's emotional stability? _____

(b) General health _____

2. Can you make suggestions which might aid the student while being at school?

Name of Physician _____ Signature & Stamp _____

Mailing Address _____ Qualifications _____

Date _____