

MEDICAL INFORMATION & EXAMINATION (Confidential)

To be filled out by teacher:

Have you had (or still have) any of the following illnesses (check)

4 or more colds per year	_____	German Measles	_____
Ear Infection	_____	Tonsillitis	_____
Epilepsy	_____	Pneumonia	_____
Mumps	_____	Chicken Pox	_____
Hay Fever	_____	Rheumatic Fever	_____
Heart Disease	_____	Asthma, Bronchitis	_____
Diabetes	_____	Whooping cough	_____
Hepatitis	_____	Hernia	_____
Yellow Fever	_____	Scarlet Fever	_____
Malaria	_____	Typhoid	_____
Other _____	_____	Cancer	_____

Do you suffer from any allergies? If yes, please explain _____

Do you suffer from arthritis or other joint or muscle diseases? If yes, please explain _____

Are you taking medication for a health problem? If yes, please state the nature of the problem and the name of the medication you currently take. _____

To be filled out by doctor during physical examination:

Height _____ Weight _____

Heart _____ Lungs _____

Ears _____ Nose _____

Throat _____ Teeth _____

Vision _____ Skin _____

Posture (check for back problems, scoliosis, etc.) _____

Blood Pressure _____ Temperature _____ Pulse _____

Results of Lab Tests (e.g. blood, urine, etc.) _____

Women Teachers should have full gynecological examination: _____

Please state any other vital information that the school administration should be aware of as they consider this candidate for a teaching position in Brazil: _____

Doctors Signature _____ Date _____

MM DD YY