
**MEDICAL REPORT FORM TO BE COMPLETED BY DOCTOR UPON EXAMINATION OF
PERSON APPLYING FOR ADMISSION TO A HOME FOR THE AGED**

1. Full Name _____ Age _____
a) Chronic complains of applicant _____

3. GENERAL EXAMINATION:

- a. General physical state including nutrition, wounds or lesions _____
- b. Respiratory system _____
- c. (i) Cardiovascular system _____
(ii) Blood pressure (to be taken all cases) _____
- d. Genitourinary system (urine to be tested in all cases) _____
Is incontinence present? _____
- e. Digestive and other abdominal systems _____
- f. Muscular and skeletal system (State defects) _____
- g. (i) General Nervous System _____
(ii) Mental Condition _____
- h. Is applicant free from infection and contagious diseases? _____
- i. Any other condition not concluded in classification above

4. Present medication _____

5. General remarks _____

PLACE: _____

DATE: _____

MEDICAL PRACTITIONER: _____

(Name to be Printed)

Medical / Vr _____

