



## Electronic Application for Seconded Police Non-Contracted Post

## INSTRUCTIONS

The Electronic Application for Seconded Police (Non-Contracted Post) is designed to provide the United Nations Police Division with all the relevant information about your candidacy for a Police vacancy. This form must be filled out electronically; no hand-written submissions will be accepted.

**If you are submitting a printed version of this completed form, it must be printed on one side of each page.**

To facilitate your completion of the EASP, a detailed set of descriptions and instructions are below.

### Section 1: Candidate and Application Information

It is imperative that all your personal information is correctly spelled and represented in the fields in this section. Any deviation or mistakes in your basic information could either delay or nullify your candidacy.

- **Family Name, First Name, Middle Name** – please enter your official full name in that order. If you do not have a middle name, leave the field blank. If you have several first or middle names, you may distribute them between First Name and Middle Name.
- **Date of Birth** – your official Date of Birth as dd/MMM/yyyy. Select the appropriate numerical value for DD from the list; next choose the Month from the list. Finally, be sure to input only numerical values for YYYY.
- **Nationality** – select your present nationality from the list
- **Gender** – select your gender
- **National ID Type** – select the appropriate type of identification from the list. If no match found, select National ID Card.
- **National ID Number** – type the full number (or alphanumeric) as it appears on your ID Card, Passport, etc.
- **Marital Status** – select your current marital status
- **Type of Post for which you are applying?** – choose the appropriate category
- **For which UN Mission is this application (if known)?** – select from the list of current Police mandated missions
- **Did you pass an Assessment for Mission Service (A.M.S.)?** – choose Yes or No if you have taken part in an A.M.S. in your home country or in a field mission. The A.M.S. was previously known as S.A.T.
- **If yes, Date (dd/mmm/yyyy)** – input the date of the last A.M.S. (or S.A.T.) in which you took part
- **Place** – please provide the location, either the city or country will suffice
- **Type of National Service** – please indicate the type of police service in which you are currently employed. Examples could be National Police, Federal, Gendarmerie, etc...
- **Current Rank** – please indicate your current rank

### Section 2: Contact Information

- **Primary Phone, Office** – please provide two telephone or mobile numbers inclusive of country code (numeric only)
- **Primary Email, Alternative** – please ensure your primary email address is typed correctly and remains available to receive any possible communications regarding your application. Also, please include an alternative email address if you have one.
- **City, State/Province, Country** – for purposes of potential deployment, please indicate your current location

### Section 3: Police Expertise

For the Police Expertise section, please refer to the table below which outlines Police Skill Sets and Expert Profiles.

- **Preferred Field of Work** – please choose from the list
- **Main Field of Expertise, Additional Expertise** – please choose from the list. The choices are shortened versions from the Expert Profiles listed in the below table.

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### List of candidates for deployment

Country: \_\_\_\_\_

UN Mission: \_\_\_\_\_

Type: \_\_\_\_\_

Length of tour of duty: 12 months

No	Police rank	First name	Family Name	Gender	Date of birth: (dd-mm-yyyy)	Date of joining Police (dd-mm-yyyy)	Date of SAV/SA,AT (if any)	Area(s) of expertise as mentioned in EASP filling Guidelines
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

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	Skill Sets	Expert Profiles
1	Management	<ul style="list-style-type: none"> <li>• Supervision/command of police units</li> <li>• Project design and management</li> <li>• Institution building</li> <li>• Organizational planning</li> <li>• Police reform and restructuring</li> </ul>
2	Administration	<ul style="list-style-type: none"> <li>• Police infrastructure administration</li> <li>• Fiscal management, budget development, payroll system management, financial auditing</li> <li>• Procurement, logistics, assets management, fleet management, tenders and contracts</li> <li>• Human resources management</li> <li>• Internal affairs, discipline management</li> <li>• Audit and inspection of police units</li> <li>• Legal support and legal drafting</li> </ul>
3	Police Operations / Security	<ul style="list-style-type: none"> <li>• Planning and running critical police/security operations (elections, demonstrations, public events, etc.)</li> <li>• Public order (FPU-related)</li> <li>• VIP protection and security</li> <li>• Traffic management</li> <li>• Airport security and security of other strategic infrastructures</li> <li>• Border security, customs, riverside police, immigration, etc.</li> <li>• Transnational crime operations, Interpol, operations to combat trafficking in human beings, drugs and weapons</li> <li>• Special police (SWAT, rapid reaction units, antiterrorist, undercover operations)</li> </ul>
4	Crime Management / Crime Prevention	<ul style="list-style-type: none"> <li>• Crime scene management</li> <li>• Suspect/witness interview</li> <li>• Crime investigation (serious crimes, fraud, homicide, burglary, SGBV, etc.)</li> <li>• Criminal records/data base management</li> <li>• Crime/data analysis, crime trend recognition</li> <li>• Criminal intelligence analysis and management</li> <li>• Forensics including crime scene and evidence preservation, fingerprints, ballistics, firearm examination, DNA, pathology, handwriting and fraudulent documents identification, money counterfeiting, etc.</li> <li>• Community policing</li> <li>• Traditional policing (paramount, tribal, neutral-focused, etc.)</li> </ul>
5	Training	<ul style="list-style-type: none"> <li>• Training organization and management</li> <li>• Training curriculum and training plans development</li> <li>• General training delivery (including in-service training) in the areas of basic training, leadership training, general policing, police legislation, ethics, etc.</li> <li>• Tactical training including training in self defence, police formations, procedures such as arrest, search, detention, etc.</li> <li>• Weapons handling training (non lethal and firearms)</li> <li>• Language training</li> </ul>
6	Technical Support	<ul style="list-style-type: none"> <li>• Weaponry inventory management and inspection, gunsmith, weapon safety and storage, shooting range construction, explosives handling, etc.</li> <li>• IT: database development and administration, system design, computer programming, network specialists, etc.</li> <li>• Communication: radio and data communication system establishment and management, police radio network installation and maintenance, etc.</li> <li>• Police surveillance: equipment installation, running operations, use of evidence, etc.</li> <li>• Public information</li> <li>• Civil engineering: construction projects, building standards, architecture, building plan developing, etc.</li> <li>• Medical services</li> </ul>

#### Section 4: Police and Academic Education History

- When did you join the Police? – please provide the month and year of when you first entered the police academy.

- **Police Training Institution** – Please provide the details for any Police training institutions you have attended; most recent first. Provide the full institution name if possible, however abbreviations are fine if there is not enough space. Dates Attended should be Month and Year. In the Location column, either city or country would be acceptable. Should you require more than three rows, please use the Academic Institutions subsection below to complete your profile.
- **Academic Institution** – Please provide the full name of the Academic Institution and just below it, either the city or country. For Degree Level, please indicate the original name of the degree if you matriculated.
- **Other Educational Achievement** – Should you require further space to outline other Academic or Police training, please use this space to briefly mention.

### Section 5: Previous Work Experience

Kindly indicate if you have previous United Nations experience as well as for how long. If you remember your UN issued Index Number (not your UN ID Card Number), kindly provide that number as well.

- **Organization** – For the next twenty-two rows, indicate your police specific work experience as well as any international UN experience in reverse chronological order (most recent first). If you have previous United Nations experience, please begin with that information (most recent first) and then continue with your other work experience. If you have held various positions within a single organization, it may be beneficial to your candidacy if you separated each position into it's own entry. If you require more space, there will be a section at the end of the form for you to freely type any further information. Please be concise in your descriptions of your responsibilities.

### Section 6: Language Proficiency

This section is for you to explain any special linguistic skills and knowledge. The working language in the United Nations is English; however, some duty stations and missions also require the use of French. Some United Nations Field Missions may request the recruitment of Police Officers whom have additional linguistic knowledge, which we refer to as Advantage Language(s) in the Job Opening Announcement.

### Section 7: Vehicular Proficiency

For deployment to a United Nations Field Mission, all United Nations Police Officers must have a valid government-issued vehicular driving license.

- **Year Began Driving** – please provide the year in which you first began driving a motor vehicle
- **Frequency of Driving** – please type in how often you drive (for example: daily, weekly, infrequently, etc.)
- **Driver License Number** – enter the full number of your current driver's license
- **Category** – please choose from the list provided
- **Date of Issue, Expiry** – please enter the day, month, and year of the issue and expiry information on your Driver License

### Section 8: Technology Proficiency

Working knowledge of productivity technology has become essential for all organizations. Police Division requests you truthfully answer your proficiency in Word Processing (creating, editing, managing documents using software such as Microsoft Word), Presentation (creating, editing, designing presentations using software such as Microsoft Powerpoint), Spreadsheet (creating, editing, writing formulas, using software such as Microsoft Excel), General Internet (browsing and researching information from the World Wide Web using a web browser such as Internet Explorer or Firefox). Please also provide any additional technological knowledge that may be relevant.

### Section 9: Certifications

This section provides you an opportunity to highlight any specialized certifications you have may have received in your career in either law enforcement or any other subject matter in which you pursued further study, relevant to the position for which you are applying.

### Section 10: Other Relevant Information

Please utilize this free space to type in any additional information you were unable to include or expand upon earlier.

### **Section 11: Conditions of Service**

This section is required. Please answer both questions and explain if you have answered "Yes" to any of them.

### **Section 12: Declaration of Disciplinary Clearance**

This section is required. Check the box and provide the current date as day, month, year. Upon printing the document, be sure to sign where indicated.

### **Section 13: Declaration of Authenticity**

This section is required. Check the box and provide the current date as day, month, year. Upon printing the document, be sure to sign where indicated.



## Electronic Application for Seconded Police

Non-Contracted Post

### INSTRUCTIONS

Please read carefully and follow all directions. Please answer each question clearly and completely. Only **TYPED** forms, submitted by Permanent Missions to the United Nations will be accepted by the UN Police Division.

#### 1. CANDIDATE AND APPLICATION INFORMATION

Family Name:		First Name:		Middle Name:
Date of Birth: / /		Nationality:		Gender:
National ID Type:		National ID Number:		Marital Status:
Type of post for which you are applying?			For which UN Field Mission is this application (if known)?	
Did you pass an Assessment for Mission Service (A.M.S.)?		If yes, Date (dd/mm/yyyy): / /		Place:
Type of National Service:			Current Rank:	

#### 2. CONTACT INFORMATION

Primary Phone: +	Office +	Primary Email:	Alternative:
City:	State/Province:	Country:	

#### 3. POLICE EXPERTISE

Preferred Field of Work:	Main Field of Expertise:
Additional Expertise:	Additional Expertise:

#### 4. POLICE AND ACADEMIC EDUCATION HISTORY

When did you join the Police? / /

POLICE TRAINING INSTITUTION	DATES ATTENDED		RANK UPON GRADUATION	LOCATION
	From	To		
	/	/		
	/	/		
	/	/		
ACADEMIC INSTITUTION (NAME & LOCATION)	DATES ATTENDED		DEGREE LEVEL	COURSE OF STUDY
	From	To		
	/	/		
	/	/		
	/	/		
	/	/		
	/	/		

Other Educational Achievement:

5. PREVIOUS WORK EXPERIENCE (please list your experience in reverse chronological order in the fields below)			
Do you have International Experience with the United Nations? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, for how long? Years Months I.M.I.S Index:			
ORGANIZATION	DATES ATTENDED	POSITION TITLE(S)	BRIEF DESCRIPTION OF RESPONSIBILITIES
1.	From: / To: /		
2.	From: / To: /		
3.	From: / To: /		
4.	From: / To: /		
5.	From: / To: /		
6.	From: / To: /		
7.	From: / To: /		
8.	From: / To: /		
9.	From: / To: /		
10.	From: / To: /		
11.	From: / To: /		

5. PREVIOUS WORK EXPERIENCE (continued)			
ORGANIZATION	DATES ATTENDED	POSITION TITLE(S)	BRIEF DESCRIPTION OF RESPONSIBILITIES
12.	From: / To: /		
13.	From: / To: /		
14.	From: / To: /		
15.	From: / To: /		
16.	From: / To: /		
17.	From: / To: /		
18.	From: / To: /		
19.	From: / To: /		
20.	From: / To: /		
21.	From: / To: /		
22.	From: / To: /		



6. LANGUAGE PROFICIENCY								
What is your Mother Tongue?				If another Mother Tongue:				
Proficiency in Other Language(s):	READ		WRITE		SPEAK		UNDERSTAND	
	Easily	Not Easily	Easily	Not Easily	Fluently	Not Fluently	Easily	Not Easily
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. VEHICULAR PROFICIENCY (If you have a driver's license, please provide the details below)		
Year Began Driving:	Driver License Number:	Category:
Frequency of Driving:	Date of Issue: / /	Date of Expiry: / /

8. TECHNOLOGY PROFICIENCY		
LEVEL	LEVEL	Please specify any other relevant technological knowledge or skills:
1. Word Processing	3. Spreadsheet	
2. Presentation	4. General Internet	

9. CERTIFICATIONS			
Please list any Professional or Academic Certifications which you may have received.			
TITLE	DATE ISSUED	ISSUING AUTHORITY	BRIEF DESCRIPTION
1.	/		
2.	/		
3.	/		
4.	/		
5.	/		
6.	/		
7.	/		
8.	/		

**10. OTHER RELEVANT INFORMATION**

Please provide any other relevant information regarding your experience:

**11. CONDITIONS FOR SERVICE**

Entry into United Nations service might require assignment to any area of the world in which the United Nations might have responsibilities

a.) Are there any limitations on your ability to perform in your prospective field of work? YES  NO b.) Are there any limitations on your ability to engage in all travel? YES  NO 

If yes to either of the above questions, please explain:

**12. DECLARATION OF DISCIPLINARY CLEARANCE** I attest that I have not committed, been convicted of, nor prosecuted for, any criminal or disciplinary offence. I attest that I have not been involved, by act or omission, in the commission of any violation of international human rights law or international humanitarian law I am not able to attest to the preceding paragraphs for the following reasons:

DATE: / /

Signature: \_\_\_\_\_

**13. DECLARATION OF AUTHENTICITY**

I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or material omission made on a Personal History form or other document requested by the Organization renders a staff member of the United Nations liable to termination or dismissal

 DATE: / /

Signature: \_\_\_\_\_

**PLEASE DO NOT WRITE OR TYPE ON THIS PAGE**

CONFIDENTIAL

**ENTRY MEDICAL EXAMINATION**



UNITED NATIONS AND SPECIALIZED AGENCIES

I hereby authorize any of the doctors, hospitals or clinics mentioned in this form to provide the United Nations Medical Service with copies of all my medical records so that the Organization can take action upon my application for employment.

I certify that the statements made by me in answer to the questions below are, to the best of my knowledge, true, complete and correct. I realize that any incorrect statement or material omission in the medical information form or in any other document required by the Organization renders a staff member liable to termination or dismissal.

Date: (dd/mm/yy) \_\_\_\_\_ Signature: \_\_\_\_\_

Pages 1 and 2 are to be completed by the candidate

FAMILY NAME (IN BLOCK CAPITALS)		GIVEN NAMES		MAIDEN NAME (FOR WOMEN ONLY)		SEX <input type="checkbox"/> M <input type="checkbox"/> F	
ADDRESS (STREET, TOWN, DISTRICT OR PROVINCE, COUNTRY)				DATE OF BIRTH			
				NATIONALITY			
POSITION APPLIED FOR (DESCRIBE NATURE OF WORK)		TELEPHONE		BIRTHPLACE			
				PRESENT MARITAL STATUS			
				Single <input type="checkbox"/>			
DUTY STATION		Married <input type="checkbox"/> DATE: (d/m/y) _____		Divorced <input type="checkbox"/> DATE: (d/m/y) _____			
		Separated <input type="checkbox"/> DATE: (d/m/y) _____		Widowed <input type="checkbox"/> DATE: (d/m/y) _____			

Have you ever undergone a medical examination for the United Nations or one of its agencies? \_\_\_\_\_  
 Have you ever been employed by the United Nations or one of its agencies? \_\_\_\_\_  
 If so, please state when where and for which Organization: \_\_\_\_\_

**FAMILY HISTORY**

Relative	Age (if still alive)	State of Health (if still alive, present state; if deceased, cause of death)	Age At death	Have members of your family had the following illnesses or disorders?	Yes		No		Who?
					Yes	No	Yes	No	
Father				High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mother				Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Brothers				Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sisters				Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spouse				Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Children				Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Mental Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<p>TO BE COMPLETED BY THE OFFICIAL REQUESTING THE MEDICAL EXAMINATION</p> <p>Name of Official: _____</p> <p>Department or Unit: _____</p> <p>Date: _____</p>		<p>TO BE COMPLETED BY THE DIRECTOR OF THE MEDICAL SERVICE</p> <p>Medical Classification: <input type="checkbox"/> 1a <input type="checkbox"/> 1b <input type="checkbox"/> 2a <input type="checkbox"/> 2b</p> <p>Comments: _____</p> <p>DATE: (d/m/y) _____ Signature: _____</p>	
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**VERY IMPORTANT:** Please indicate the recruiting Agency or Organization: \_\_\_\_\_

*Each question requires a specific answer (yes, no, date, etc.); to leave a blank or draw a line is not sufficient. If the questionnaire is not fully completed and enquiries are therefore needed, time may be lost.*

1. Have you suffered from any of the following diseases or disorders? Check yes or no. If yes, state the year:

	YES Date	NO		YES Date	NO		YES Date	NO		YES Date	NO
Frequent sore throats		<input type="checkbox"/>	Heart and blood vessel disease		<input type="checkbox"/>	Urinary disorder		<input type="checkbox"/>	Fainting spells		<input type="checkbox"/>
Hay fever		<input type="checkbox"/>	Pains in the heart region		<input type="checkbox"/>	Kidney trouble		<input checked="" type="checkbox"/>	Epilepsy		<input type="checkbox"/>
Asthma		<input type="checkbox"/>	Varicose veins		<input type="checkbox"/>	Kidney stones		<input checked="" type="checkbox"/>	Diabetes		<input type="checkbox"/>
Tuberculosis		<input type="checkbox"/>	Frequent indigestion		<input type="checkbox"/>	Back pain		<input type="checkbox"/>	Gonorrhoea		<input type="checkbox"/>
Pneumonia		<input type="checkbox"/>	Ulcer of stomach or duodenum		<input type="checkbox"/>	Joint problems		<input type="checkbox"/>	Any other sexually transmitted disease		<input type="checkbox"/>
Pleurisy		<input type="checkbox"/>	Jaundice		<input type="checkbox"/>	Skin disease		<input type="checkbox"/>	Tropical diseases		<input type="checkbox"/>
Repeated bronchitis		<input type="checkbox"/>	Gall stones		<input type="checkbox"/>	Sleeplessness		<input type="checkbox"/>	Amoebic dysentery		<input type="checkbox"/>
Rheumatic fever		<input type="checkbox"/>	Hernia		<input type="checkbox"/>	Any nervous or mental disorder		<input type="checkbox"/>	Malaria		<input type="checkbox"/>
High blood pressure		<input type="checkbox"/>	Haemorrhoids		<input type="checkbox"/>	Frequent headaches		<input type="checkbox"/>			<input type="checkbox"/>

2. Are you being treated for any condition now? Describe: \_\_\_\_\_

3. Have you ever coughed up blood? \_\_\_\_\_

4. Have you ever noticed blood in your stools? \_\_\_\_\_ In your urine? \_\_\_\_\_ Give details: \_\_\_\_\_

5. Have you ever been hospitalized (hospital, clinic, etc.)? \_\_\_\_\_  
Why, where and when? \_\_\_\_\_

6. Have you ever been absent from work for longer than one month through illness? \_\_\_\_\_ If so, when? \_\_\_\_\_  
And for what illness? \_\_\_\_\_

7. Have you had any accidents as a result of which you are partially disabled? \_\_\_\_\_ If so, what and when? \_\_\_\_\_  
Do you have any other disability? \_\_\_\_\_

8. Have you ever consulted a neurologist, a psychiatrist or a psychoanalyst? \_\_\_\_\_  
If so, please give his/her name and address: \_\_\_\_\_  
For what reason? \_\_\_\_\_ Date of consultation (day/month/year) \_\_\_\_\_

9. Are you taking any medicine regularly? \_\_\_\_\_ If so, which? \_\_\_\_\_

10. Have you gained or lost weight during the last three years? \_\_\_\_\_ If so, how much? \_\_\_\_\_

11. Have you ever been refused life insurance? \_\_\_\_\_ If so, state reason: \_\_\_\_\_

12. Have you ever been refused employment on health grounds? \_\_\_\_\_ If so, state reason: \_\_\_\_\_

13. Have you ever received or applied for a pension or compensation for any permanent disability? \_\_\_\_\_ Degree? \_\_\_\_\_  
Please give details: \_\_\_\_\_

14. Have you ever stayed in a tropical country? \_\_\_\_\_ If so, for how long? \_\_\_\_\_

15. Have you in the past suffered from any condition which prevented travel by air? \_\_\_\_\_

16. Do you consider yourself to be in good health? \_\_\_\_\_ Do you have full work capacity? \_\_\_\_\_

17. Do you smoke regularly?  Yes  No If so, what do you smoke?  Cigarettes  Pipe  Cigars  
For how many years have you smoked? \_\_\_\_\_ How much per day? \_\_\_\_\_

18. Daily consumption of alcoholic beverages: \_\_\_\_\_

19. Has any doctor or dentist advised you to undergo medical or surgical treatment in the foreseeable future? \_\_\_\_\_  
Give details: \_\_\_\_\_

20. Give any other significant information concerning your health: \_\_\_\_\_

21. What is your occupation? \_\_\_\_\_ Indicate at least three posts you have occupied \_\_\_\_\_

22. List any occupational or other hazards to which you have been exposed. \_\_\_\_\_

23. Have you been rejected for military service for medical reasons? \_\_\_\_\_

24. **FOR WOMEN** Are your periods regular?  Yes  No Do you take contraceptive pills?  Yes  No If so, for  
Are they painful?  Yes  No how many years have you been doing so? \_\_\_\_\_ Have you ever  
Do you have to stay in bed when they come?  Yes  No been treated for a gynaecological complaint?  Yes  No  
If so, for how long? \_\_\_\_\_ Date of your last period: \_\_\_\_\_ If so, which? \_\_\_\_\_

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

GENERAL APPEARANCE

Skin: \_\_\_\_\_ Height: cm. \_\_\_\_\_ Weight: kg. \_\_\_\_\_  
 Scalp: \_\_\_\_\_

SIGHT, MEASURED VISUAL ACUITY

Gross vision : Right \_\_\_\_\_ Left \_\_\_\_\_ Pupils: Equal? \_\_\_\_\_ Regular? \_\_\_\_\_  
 Vision with spectacles : Right \_\_\_\_\_ Left \_\_\_\_\_ Fundi (if necessary): \_\_\_\_\_  
 Near vision : Right \_\_\_\_\_ Left \_\_\_\_\_ Colour vision: \_\_\_\_\_  
 With correction : Right \_\_\_\_\_ Left \_\_\_\_\_

HEARING | Right : Normal : \_\_\_\_\_ Sufficient: \_\_\_\_\_ Insufficient: \_\_\_\_\_  
 (test by | Left : Normal : \_\_\_\_\_ Sufficient: \_\_\_\_\_ Insufficient: \_\_\_\_\_  
 whispering) | Ear drum : Right : \_\_\_\_\_ Left: \_\_\_\_\_

NOSE-MOUTH-NECK Nose : \_\_\_\_\_ Pharynx : \_\_\_\_\_ Teeth : \_\_\_\_\_  
 Tongue : \_\_\_\_\_ Tonsils : \_\_\_\_\_ Thyroid : \_\_\_\_\_

CARDIOVASCULAR SYSTEM

Pulse rate : \_\_\_\_\_ Auscultation : \_\_\_\_\_ Peripheral arteries  
 Rhythm : \_\_\_\_\_ Blood pressure : \_\_\_\_\_ -carotid : \_\_\_\_\_  
 Apex beat : \_\_\_\_\_ Varicose veins : \_\_\_\_\_ -posterior tibial : \_\_\_\_\_  
 Electrocardiogram \_\_\_\_\_ -dorsalis pedis : \_\_\_\_\_  
 Please attach tracing

RESPIRATORY SYSTEM

Thorax: \_\_\_\_\_ Breasts \_\_\_\_\_

DIGESTIVE SYSTEM

Abdomen: \_\_\_\_\_ Spleen: \_\_\_\_\_  
 Liver : \_\_\_\_\_ Hernia: \_\_\_\_\_  
 Rectal examination: \_\_\_\_\_

NERVOUS SYSTEM

Papillary reflexes: { - To light: \_\_\_\_\_ Plantar reflexes : \_\_\_\_\_  
 On accommodation: \_\_\_\_\_ Motor functions : \_\_\_\_\_  
 Patellar reflexes : \_\_\_\_\_ Sensory functions : \_\_\_\_\_  
 Achilles reflexes. \_\_\_\_\_ Muscular tonus : \_\_\_\_\_  
 Romberg's sign : \_\_\_\_\_

MENTAL STATE

Appearance: \_\_\_\_\_ Behaviour: \_\_\_\_\_

GENITO-URINARY SYSTEM

Kidneys: \_\_\_\_\_ Genitals: \_\_\_\_\_

SKELETAL SYSTEM

Skull : \_\_\_\_\_ Upper extremities: \_\_\_\_\_  
 Spine: \_\_\_\_\_ Lower extremities: \_\_\_\_\_

LYMPHATIC SYSTEM

CHEST X-RAY (Please send only the radiologist's report based on a "11x14" X-ray film).

**LABORATORY**

The results of all the following investigations must be included except where marked "if indicated".

Except by prior agreement, only the investigations mentioned are done at the Organization's expense.

<b>Urine :</b> Albumin _____	Sugar _____	Microscopic _____
<b>Blood:</b> Haemoglobin : _____ % _____ Grams/l		Leucocytes : _____
Haematocrit : _____ % _____		Differential count (if indicated): _____
Erythrocytes : _____		Blood sedimentation rate: _____
<b>Blood chemistry:</b>		
Sugar : _____		Urea or creatinine: _____
Cholesterol : _____		Uric acid : _____

**Serological test for syphilis:** Please attach laboratory report

**Stool examination (if indicated):** \_\_\_\_\_

**COMMENTS** (Please comment on all the positive answers given by the candidate and summarize the abnormal findings)

**CONCLUSIONS** (Please state your opinion on the physical and mental health of the candidate and fitness for the proposed post)

The examining doctor is requested before sending this report to verify that the questionnaire, pages 1 and 2 of this form, has been fully completed by the candidate and that all the results of the investigations required are given on the report. Incomplete reports are a major source of delay in recruitment.

Name of the examining physician (In block capitals). _____ Address. _____ _____	Signature. _____ DATE: (Only) _____
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