O‘ZBEKISTON RESPUBLIKASI
VAZIRLAR MAHKAMASI
HUZURIDAGI PREZIDENT,
IJOD VA IXTISOSLASHTIRILGAN
MAKTABLARNI RIVOJLANTIRISH
AGENTLIGI

AGENCY
FOR THE DEVELOPMENT
OF PRESIDENTIAL, CREATIVE
AND SPECIALIZED SCHOOLS
UNDER THE CABINET OF MINISTERS
OF THE REPUBLIC OF UZBEKISTAN

MEDICAL INFORMATION FORM

Date completed:_____

First Name: _____**Last Name:** _____

Date of Birth: (MM/DD/YYYY)_____

Passport Number: _____**Citizenship:**_____

1. ***Do you have, or have you ever had any of the following sickness?***

	MEDICAL CONDITIONS	Yes	No	Not Sure
1.	Asthma	☐	☐	☐
2.	High/low blood pressure	☐	☐	☐
3.	Allergies	☐	☐	☐
4.	Thyroid trouble	☐	☐	☐
5.	HIV	☐	☐	☐
6.	Syphilis	☐	☐	☐
7.	Jaundice or Hepatitis	☐	☐	☐
8.	Chronic cough	☐	☐	☐
9.	Heart disease	☐	☐	☐
10.	Ear, nose or throat problems	☐	☐	☐
11.	Eye problems	☐	☐	☐
12.	Frequent severe headaches or migraine	☐	☐	☐
13.	Sexually transmitted disease *(if yes, please specify below)*	☐	☐	☐

14.	Dizziness/fainting spells	☐	☐	☐
15.	Tuberculosis	☐	☐	☐
16.	Stomach liver trouble	☐	☐	☐
17.	Recurrent back pain	☐	☐	☐
18.	Tumor, growth, cyst, cancer	☐	☐	☐
19.	Rupture/hernia	☐	☐	☐
20.	Kidney/bladder problems	☐	☐	☐
21.	Intestinal problem	☐	☐	☐
22.	Anemia/blood disorder	☐	☐	☐
23.	Gallbladder problems	☐	☐	☐
24.	Abnormal Chest x-ray	☐	☐	☐
25.	Epilepsy or fits	☐	☐	☐
26.	Anxiety	☐	☐	☐
27.	Eating disorder	☐	☐	☐
28.	Sleeping disorder	☐	☐	☐
29.	Do you smoke?	☐	☐	☐
30.	Excessive use of alcohol	☐	☐	☐
31.	Skin disease	☐	☐	☐

If you answered "yes" or "not sure" to any of the questions above, please explain:

2. Do you take any non-prescriptive drugs?

If yes, please specify_____

3. Do you take recreational drugs?

If yes, please specify_____

4. Are you currently under the care of a physician?

If yes, please specify_____

☐ *I, the undersigned hereby confirm that all the information provided in this document is accurate, correct and complete. I understand and acknowledge that false or incomplete information, whether deliberately or as the result of negligence, will result in refusal or termination of employment.*

Date signed: _____ Signature of the applicant: _____