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: ___________________