* This form is intended to capture medical information for yourself and any immediate family members who will be accompanying you to Abu Dhabi.
* The information on this form will be treated in confidence and will be taken into consideration while determining school and region assignments.
* Upon your arrival to Abu Dhabi, you will be required to complete a medical test as part of the employment visa processing where you will be tested, amongst others, for HIV, Hepatitis, and Tuberculosis. Failure to pass this medical test will result in the immediate termination of the contract.
* Please note that not all prescriptive medication is available in the United Arab Emirates. We would recommend you confirm the availability of any medication that you may require before relocating to Abu Dhabi.
* The possession and use of any recreational drugs is prohibited and punishable according to UAE laws.

|  |
| --- |
| **General Information** |
| Name |  |
| Date of Birth |  |
| **Statement of Present Health** |
| Your statement of present health: |  | Excellent |  | Good |  | Fair/Poor (explain) |
| **Please explain:** |
| Do you take non-prescriptive drugs routinely? |  | No |  | Yes (specify) |
| **Please specify:** |
| Do you take prescriptive drugs routinely? |  | No |  | Yes (specify) |
| **Please specify:** |
| Do you take recreational drugs? |  | No |  | Yes (specify) |
| **Please specify:** |
| Are you under the care of a physician now? |  | No |  | Yes (specify) |
| **Please specify:** |

**Do you have, or have you ever had, any of the following (please check to the right of each item): NS\* - Not Sure**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **NS** |  | **Yes** | **No** | **NS** |  | **Yes** | **No** | **NS** |
| High/low blood pressure |  |  |  | HIV |  |  |  | Epilepsy or fits |  |  |  |
| Dizziness/fainting spells |  |  |  | Syphilis |  |  |  | Car, sea, or air sickness |  |  |  |
| Frequent severe headaches or migraines |  |  |  | Other sexually transmitted diseases |  |  |  | Nervous trouble of any sort |  |  |  |
| Eye trouble |  |  |  | Jaundice or Hepatitis |  |  |  | Depression |  |  |  |
| Ear, nose, or throat trouble |  |  |  | Tuberculosis |  |  |  | Anxiety |  |  |  |
| Chronic or frequent colds |  |  |  | Tumor, growth, cyst, cancer |  |  |  | Eating disorder |  |  |  |
| Chronic cough |  |  |  | Rupture/hernia |  |  |  | Sleeping disorder |  |  |  |
| Allergies |  |  |  | Kidney/bladder trouble |  |  |  | Use tobacco |  |  |  |
| Asthma |  |  |  | Intestinal problem |  |  |  | Excessive use of alcohol |  |  |  |
| Severe tooth/gum problem |  |  |  | Anemia/blood disorder |  |  |  | Skin diseases |  |  |  |
| Thyroid trouble |  |  |  | Gallbladder trouble |  |  |  | Joint problems |  |  |  |
| Stomach, liver trouble |  |  |  | Abnormal chest x-ray |  |  |  | Heart by-pass surgery |  |  |  |
| Recurrent back pain |  |  |  | Heart trouble |  |  |  |  |  |  |  |
| **Please specify:** |
|  |
| **Do you have any visible tattoos or facial piercings?:** |
| **Family Illness: *(if your family will be accompanying you to Abu Dhabi)*** |
| **Check if your spouse and/or children have:** |
|  | Diabetes |  | Heart trouble |  | Allergy |
|  | High/low blood pressure |  | Asthma |  | Mental disorder |
|  | Cholesterol |  | Autism |  | Cancer of: |
| **Please explain:** |
| **# of sick days per year for the past 2 years** |  |

*I state that the information provided is true and complete to the best of my knowledge. In addition, I understand that ADEC may verify information, and that false or misleading answers are cause for rejection of this application or dismissal if employed.*

|  |  |  |
| --- | --- | --- |
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Signature Date