



## **MEDICAL EXAMINATION**

NAME \_\_\_\_\_

DATE OF BIRTH D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_

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### **CONSENT FOR RELEASE OF MEDICAL INFORMATION**

I HEREBY AUTHORIZE THE RELEASE OF THIS MEDICAL REPORT AND ALL RELATED INFORMATION FROM MY PHYSICIAN TO THE JUDICIAL COUNCIL.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

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### **CURRENT MEDICAL PROBLEMS**

(PLEASE INDICATE ANY CONDITIONS THAT THE CANDIDATE IS CURRENTLY BEING TREATED FOR)

### **PAST MEDICAL HISTORY**

(PLEASE INDICATE SIGNIFICANT PAST ILLNESSES OR SURGERY AND INCLUDE ANY PSYCHIATRIC PROBLEMS)

### **MEDICATIONS**

**FAMILY HISTORY**

(PLEASE INDICATE ANY HERITABLE OR GENETIC DISEASES)

**PHYSICAL EXAMINATION**

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ BLOOD PRESSURE \_\_\_\_\_

HEAD AND NECK \_\_\_\_\_

RESPIRATORY \_\_\_\_\_

CARDIOVASCULAR \_\_\_\_\_

ABDOMEN \_\_\_\_\_

CENTRAL NERVOUS SYSTEM \_\_\_\_\_

MUSCULOSKELETAL \_\_\_\_\_

**SUMMARY**

DO YOU CONSIDER THE CANDIDATE TO BE IN GOOD PHYSICAL AND MENTAL HEALTH?

SIGNED \_\_\_\_\_

(PHYSICIAN'S STAMP)

THIS REPORT IS STRICTLY CONFIDENTIAL. PLEASE MAIL THIS DIRECTLY TO:

**Judicial Council of the Provincial Court of Newfoundland & Labrador  
Office of the Chief Judge  
Box 68, Atlantic Place  
215 Water Street  
St. John's, NL A1C 6C9**

