


<b>CONFIDENTIAL</b>	<b>ENTRY MEDICAL EXAMINATION</b>		<b>UNITED NATIONS AND SPECIALIZED AGENCIES</b>				
<p><b>I hereby authorise 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 Organisation can take action upon my application for employment.</b></p> <p><b>I certify that the statement 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 or material omission in the medical information form in any other document required by the Organization renders a staff member liable to termination or dismissal.</b></p> <p><b>Date:</b> ..... <b>Signature:</b> .....</p>							
<b>Pages 1 and 2 are to be completed by the candidate</b>							
FAMILY NAME (BLOCK CAPITALS)		GIVEN NAMES					
MAIDEN NAME (WOMEN ONLY)		SEX: MALE <input type="checkbox"/>					
		FEMALE <input type="checkbox"/>					
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"/>					
.....		MARRIED <input type="checkbox"/> DATE: .....					
.....		DIVORCED <input type="checkbox"/> DATE: .....					
.....		SEPARATED <input type="checkbox"/> DATE: .....					
.....		WIDOWED <input type="checkbox"/> DATE: .....					
DUTY STATION							
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 Organisation?							
.....							
<b>Relative</b>	<b>Age (if still alive)</b>	<b>State of health (If still alive, present state; if deceased, cause of death)</b>	<b>Age at death</b>	<b>Have members of your family had the following illness or disorders?</b>	<b>Yes</b>	<b>No</b>	<b>Who?</b>
Father				High Blood Pressure			
Mother				Heart Disease			
Brothers				Diabetes			
Sisters				Tuberculosis			
Spouse				Asthma			
Children				Cancer			
				Epilepsy			
				Mental Diseases			
				Paralysis			
TO BE COMPLETED BY THE OFFICIAL REQUESTING THE MEDICAL EXAMINATION				TO BE COMPLETED BY THE OFFICIAL REQUESTING THE MEDICAL EXAMINATION			
Name of Official: .....				Medical Classification: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
				1a 1b 2a 2b			
Department or Unit: .....				Comments: .....			
Date: .....				Signature: ..... Date: .....			
<b>VERY IMPORTANT</b> : Please indicate the recruiting Agency or Organization							

**MS-2 FORM**

<p><b>LABORATORY</b></p> <p>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.</p>			
<u>Urine:</u>	Albumin .....	Sugar .....	Microscopic .....
<u>Blood:</u>	Haemoglobin : .....	% .....grams/100 ml	Leucocytes .....
	Haematocrit : .....	% .....	Differential count (if indicated) : .....
	Erythrocytes : .....	Blood sedimentation rate : .....	
<u>Blood Chemistry</u> (if these tests can be carried out on the spot)			
	Sugar : .....	Urea or creatinine : .....	
	Cholesterol : .....	Uric Acid : .....	
<u>Serological test for Syphilis:</u> Please attach laboratory report			
<u>Stool examination</u> (if indicated)			
<b>COMMENTS</b> (Please comment on all the positive answers given by the candidate and summarise the abnormal findings)			
<b>CONCLUSIONS</b> (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 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 major sources of delay in recruitment.			
Name of examining physician (in block capitals)		Signature: .....	
Address: .....		Date : .....	
.....		.....	
.....		.....	

**MS-2 FORM**

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**GUIDELINES FOR THE USE OF MS-2 MEDICAL  
EXAMINATION FORM FOR MILITARY OBSERVERS  
AND CIVILIAN POLICE**

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1. A pre-deployment medical examination is required for all military observers and civilian police being considered for a mission assignment with the United Nations. This examination must have taken place within the preceding three month period and shall be completed and recorded on the *MS-2 Form*.
2. Before conducting this examination, the examining physician must review pages 1 and 2 of the form to make sure that the candidate has answered all questions and has filled out all spaces allocated for him/her. If there are any unanswered questions, the candidate must be asked to complete them before the medical examination is conducted.
3. The examining physician shall fill all spaces allocated for him/her, on pages 3 and 4 of that form. In doing so, he/she must remember that:
  - His/her writing as well as that of the candidate is legible;
  - Questions requiring numerical values are not answered with common terms like "normal", "OK", etc.; (For example, measurements of blood pressure and pulse must be given in numbers and units: 120/80 mm Hg and 75 beats/minute, etc.);
  - All laboratory results, in accordance with page 4 of MS-2, are provided in numerical values including their units; (if such results are submitted in a separate laboratory form, the results must be legible and securely attached to the MS-2 Form;
  - Chest x-ray film and EKG tracing are no longer required to be enclosed; (however, report of an x-ray chest taken within the last year, and that of a recent EKG are requested);
  - All positive answers given by the candidate have been pursued thoroughly; (for example, if the candidate has indicated that he/she had suffered from ulcer of the duodenum in 1990, it is relevant to inquire as to how the diagnosis was established, the treatment prescribed and the outcome of the treatment. The finding of this inquiry must be briefly stated by the physician in the space allocated for comment on page 4 of the MS-2 Form);



- Conclusion about the health status of the candidate and suitability or unsuitability for the task are clearly stated and relate to the comments.
4. The completed examination form with all its attachments must be received at the UN Medical Service, New York, at least one month prior to deployment.
  5. The name of the examining physician, address, date and signature must be filled out at the end of page 4 of MS-2 Form.
  6. Strict adherence to the above-mentioned guidelines is essential since the medical examination is the basis for providing medical clearance, which is a requirement for UN mission deployment. Incomplete medical examination forms will be returned to the place of origin, thus denying medical clearance for the proposed mission.

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## **MEDICAL EXAMINATION FOR MILITARY OBSERVERS AND CIVILIAN POLICE DURING TOUR OF DUTY AND UPON DEPARTURE**

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### **Medical examination during tour of duty**

1. Military observers may be required by the Medical Director to undergo a medical examination during their assignment in the mission area. In such a case the mission DOA/CAO shall make the necessary arrangements.
2. When an observer's tour of duty is extended for three months or longer he/she shall be required to undergo a medical examination documented on the form MS-6. The reports on such medical examination shall be forwarded to the Medical Director.

### **Examination upon departure**

3. The DOA/CAO may arrange for a full medical examination of every observer before his/her departure from the mission area upon completion of his/her tour of duty, if there was any report of a job related illness or accident during the observer's tour of duty.

*A copy of the MS-6 Form is enclosed.*