



ICL SUPPORT SERVICES LIMITED

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MEDICAL HISTORY FORM

Kindly supply us with the underlisted information.

Name of Staff:.....

Home Address:.....

Contact Person and Address:.....

Next of Kin's Name and Address:.....

Name of Spouse & Children:.....

MEDICAL RECORD

(a) **Physical Attribute:**

Colour of Hair

Colour of Eyes

Colour of Skin

Height

Weight

b) **Blood Group**

A B AB O

c) **Genotype**

AA AS SS

K Illness:.....

e) **Physical Handicap (if any):**.....

f) **Personal Doctor:**

Name:.....

Address:.....