FIJI NATIONAL PROVIDENT FUND

FNPF
securing your future

CONFIDENTIAL MEDICAL CERTIFICATE

APPLICATION FOR WITHDRAWAL BY A MEMBER WHO IS PHYSICALLY / MENTALLY INCAPACITATED FROM EVER ENGAGING IN ANY FURTHER EMPLOYMENT

Please read these notes:
This form must be immediately sent to FNPF on completion of examination.

1. Who completes this application form.

* This Form **(FNPF 10)** has to be completed by a registered medical practitioner authorised by the FNPF Board under **Regulation 62 of the FNPF Act cap 219**.

* The Fiji National Provident Fund Board vide powers vested in it under **Regulation 62** of the Fiji National Provident Fund regulations, has approved the following Medical Practitioners to examine members of the Fund applying to withdraw their contributions on the grounds of physical or mental incapacity from ever engaging in any further employment.

* All doctors registered under Part 2 of the Medical Practitioners Act and who are in charge of government dispensaries.

* All consultants attached to district hospitals.

Suva
Dr Robin Micthell

Lautoka
Dr Davendra Nandan

Ba
Dr Amrit

Tavua
Dr Sharda Nand

Labasa
Dr Rajesh Chand

All Correspondence to be addressed to the General Manager & Chief Executive

Head Office
Provident Plaza 2
Private Mail Bag
Suva
Telephone: (679) 330 7811
Facsimile: (679) 330 7611

Lautoka
Drasa Avenue
Private Mail Bag
Lautoka
Telephone: (679) 666 1888
Facsimile: (679) 666 5232

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Rosawa Street
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Labasa
Telephone: (679) 881 2111
Facsimile: (679) 881 2741

Valelevu Agency
Valelevu Complex Building
Saqa Place
Valelevu
Telephone: (679) 3343 671
Facsimile: (679) 3343 670

Nadi Agency
Shop 2 Lalidhar Arcade
Namaka Lane
Nadi
Telephone: (679) 672 8981
Facsimile: (679) 672 8982

Savusavu Agency
Budget Lodge Building Ltd
Main Street
Savusavu
Telephone: (679) 885 3396
Facsimile: (679) 885 3397

Ba Agency
Ganga Singh Street, Ba
Telephone: (679) 667 0003

Email: information@fnpf.com.fj   Website:www.myfnpf.com.fj

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on the health, constitution and prospects of further employment of:-

Mr/Mrs/Miss..

Please read these notes:

- This Form must be sent to FNPF immediately on completion of examination.
- Information regrading your findings should not be disclosed to the above named or to any other person.
- If you think certain examinations are not necessary you may so indicate.

1. Are you personally or professionally acquainted with the above named person? If so, for how long.

2. Is there anything unfavorable in his appearance or development

Give the following measurements

3. Height (without shoes) cm
4. Weight (Clothed) kg

5. Is there any abnormality of the respiratory system due to palpation, percussion or auscultation? If so give particulars.

6. Rate, rhythm and character of the pulse?
   Pulse rate per min. Rhythm Character

7. Position of the apex beat of the heart?
   In the Interspace centimeters from mid-sternal line.

8. Is there evidence of cardiac enlargement?

9. Is there any abnormality of the heart sounds or rhythm? If so give particulars.

10. If any murmur is present describe fully site, timing intensity and transmission

11. Also indicate any effect on posture or respiration on the murmur

Blood pressure

12. Systolic
13. Diastolic

Is there abnormality?

14. Ears/Nose/Throat

16. Is there any abnormality or evidence of disease of any abdominal organs including liver and spleen: If so give particulars.

17. Is there any abnormality of lymph glands in the neck, axillae or inguinal region? If so give particulars.

18. Examination of urine
    The urine should be passed at the time of examination. If not, please state circumstances

(a) Albumin?

(b) Sugar?

19. Is there any abnormal reflex or other evidence of disease of the cranial nerves or spinal cord? If so, give particulars.

20. Is there any defect in sight, hearing or speech? In cases of present or past ear discharge or deafness. State result of fundoscopic, auroscopic examination.

21 Is there any abnormality of the Joints? If so, describe fully and provide relevant evidence (attach x-ray report)

22 Diagnosis (Block Letters)

23 Provide relevant evidence to support diagnosis (attach report)

24. Do you consider the above named person to be physically/mentally incapacitated from ever engaging in any further employment?

25. If so, disclose the reasons that you suggest should be taken into account by FNPF in considering withdrawal of contributions.

Name (Medical Examiner)

Date

Address

Signature

Email

Phone

I declare that the information as given on this application is true and correct and that I have not withheld any information concerning my health and medical history. I for myself, my executors or administrators, not withstanding any rule of law or conduct concerning disclosure of information, irrevocably authorise and direct any Medical Practitioner or other person whether herein named or not, to divulge at any time to the FNPF to any Legal Board before which any question concerning the withdrawal of contributions shall arise, any information concerning my health and medical history which he may at any time hereafter acquire.

Signature (Applicant)

Date

Signature of witness (Medical Examiner)

Name of Witness (Medical Examiner)