

To: Embassy of Islamic Republic of Iran in Canberra

Applicant's details:

| | |
|------------------------------|--|
| Full Name: | |
| Date of birth: | |
| Signature & date: | |

FOR GENERAL PRACTITIONER (GP) USE ONLY

Does the above-mentioned applicant have any of the following conditions?

(ALL "YES" RESPONSES REQUIRE COMMENTS)

1- Drug abuse (Urine drug test should be attached)

No Yes **Comment:**

2- Thalassemia(Blood test should be attached)

No Yes **Comment:**

3- Syphilis / HIV(Blood test should be attached)

No Yes **Comment:**

4- Needs a Tetanus shot

No Yes (proof of vaccine must be attached) **Comment:**

I declare that I have examined the applicant and that this is a true and correct record of my findings.

[Signature]

[Full name and date]

[Stamp]

[Address and Tel no]