

## Medical Examiner's Registration Form Confidential

This form is to be used by medical examiners seeking the approval of Unilife to conduct medical examinations and tests. This registration form must be approved by Unilife, in writing, before any medical examinations or tests are carried out. PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS.

Once completed, please email this form to administration@unihealthandlife.com		
Personal Details		
Full Name(s)		
Date of Birth		
Professional Details		
Full medical title		
Professional qualifications		
Full business address		
Country		
Telephone number		
Email		
Professional Attainment and Experience		
Please provide details of the following:		
Name of medical school	Date	
Hospital internship	Date	
Postgraduate work experience	Date	
Membership of medical societies		
In which field of medicine do you specialise?		
Have any companies appointed you as a medical examiner?		

Please confirm that you are able to perform the following procedures indicated by ticking each box, and provide us with a schedule of fees for each procedure.		
Medical Examination Report	Blood Test - HIV 1 and Cotinine	
Blood Test - Fasting Cholestorol + HDL Cholesterol	Blood Test - Fasting Blood Sugar	
Blood Test - Liver Functions Tests (GGT,AST,ALT)	Blood Test - Complete Blood Count	
Stress ECG by Cardiologist	Microscopic Urinalysis	
Cotinine Test	Peak Flow Reading	
Please supply us with a list of additional tests that you can provide along with the charges made for each.		
Please provide any additional information that you feel is relevant to this application, attaching a separate sheet if necessary.		
Professional Attainment and Experience		
Please provide the names and contact numbers of two referees we may contact:		
Reference One Name		
Telephone Number		
Email		
Reference Two Name		
Telephone Number		
Email		
This form must be fully completed, signed and dated by you, the examiner, giving an example of your usual signature.		
Signature	Date	

**Medical Examinations**