

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](mailto:administration@unihealthandlife.com)

### Personal Details

Full Name(s)	<input type="text"/>
Date of Birth	<input type="text" value="dd/mm/yyyy"/>

### Professional Details

Full medical title	<input type="text"/>
Professional qualifications	<input type="text"/>
Full business address	<input type="text"/>
	<input type="text"/>
Country	<input type="text"/>
Telephone number	<input type="text"/>
Email	<input type="text"/>

### Professional Attainment and Experience

Please provide details of the following:

Name of medical school	<input type="text"/>	Date	<input type="text"/>
Hospital internship	<input type="text"/>	Date	<input type="text"/>
Postgraduate work experience	<input type="text"/>	Date	<input type="text"/>
Membership of medical societies	<input type="text"/>		

In which field of medicine do you specialise?

Have any companies appointed you as a medical examiner?

**Medical Examinations**

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	<input type="checkbox"/>	Blood Test - HIV 1 and Cotinine	<input type="checkbox"/>
Blood Test - Fasting Cholesterol + HDL Cholesterol	<input type="checkbox"/>	Blood Test - Fasting Blood Sugar	<input type="checkbox"/>
Blood Test - Liver Functions Tests (GGT,AST,ALT)	<input type="checkbox"/>	Blood Test - Complete Blood Count	<input type="checkbox"/>
Stress ECG by Cardiologist	<input type="checkbox"/>	Microscopic Urinalysis	<input type="checkbox"/>
Cotinine Test	<input type="checkbox"/>	Peak Flow Reading	<input type="checkbox"/>

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.


**Personal References**

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.

Signed		Date	
--------	--	------	--

UL Medical Exam Form 12.16

If you require any further details, please ask your financial adviser.

Alternatively you can contact your nearest Unilife office, details of which are available on our website, or get in touch using our email address:  
administration@unihandlifelife.com