



MEDICAL REPORT:



NAME..... SEX AGE.....
 NATIONALITY..... MARITAL STATUS.....
 PASSPORT NO. PLACE AND DATE OF ISSUE.....
 POSITION APPLIED FOR.....

Dear Sir/Madam

Please, arrange to examine the above mentioned candidate whether she/he is fit for the above mentioned position.

Date

Doctor.....

History of any significant past illness including:
1. Psychiatric and neurological disorders (epilepsy, depression...)
2. Allergy

MEDICAL EXAMINATION			LABORATORY INVESTIGATION		
TYPE OF MEDICAL EXAMINATION		Results	TYPE OF LAB INVESTIGATION		Results
EYE	-Eyesight	LEFT / RIGHT	URINE	Sugar	
	-Eye disease	LEFT / RIGHT		Albumin	
EAR		LEFT		Bilharziasis	
	RIGHT	STOOL	Helminthes	Others	
CHEST X-RAY			BLOOD	Hemoglobin	
SYSTEMIC EXAMINATION				Malaria film	
	Blood pressure		SEROLOGY	Others	
	Heart			HIV test	
	Lungs			F.B.S	
	Abdomen			HbsAG/Anti HCV	
OTHERS			PREGNANCY TEST	L.F.T	
	Hernia			Creatinine	
	Varicose Veins			Urea	
EXTREMITIES					
SKIN					
VENEREAL DISEASES					
	Clinical				
	Lab	VDRL TPHA			

The mentioned above person is:

- FIT FOR EMPLOYMENT
 NOT FIT FOR EMPLOYMENT

Physician
 /signature, date/

Official Stamp Of Hospital.....