



## MEDICAL REPORT

PHOTO	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 .....

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

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

The mentioned above person is:

- FIT FOR EMPLOYMENT  
 NOT FIT FOR EMPLOYMENT

Physician .....  
signature, date

Official Stamp Of Hospital .....