



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

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	
				Albumin	
-Eye disease	LEFT / RIGHT			Bilharziasis	
				Others	
EAR	LEFT		STOOL	Helminthes	
				Salmonella	
	RIGHT			V Cholera	
				Others	
CHEST X-RAY			BLOOD	Hemoglobin	
SYSTEMIC EXAMINATION				Malaria film	
	Blood pressure			Others	
	Heart		SEROLOGY	HIV test	
	Lungs			F.B.S	
	Abdomen			HbsAG/Anti HCV	
OTHERS				L.F.T	
	Hernia			Creatinine	
	Varicose Veins		Urea		
EXTREMITIES			PREGNANCY TEST		
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