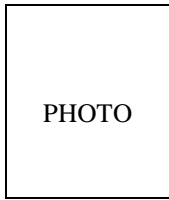




MEDICAL REPORT:



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 | | |
| | | | | 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 | | | | | Mpox | |
| SKIN | | | | | PREGNANCY TEST | |
| VENEREAL DISEASES | | | | | | |
| | Clinical | | | | | |
| | Lab | VDRL | | | | |
| | | TPHA | | | | |

The mentioned above person is:

- FIT FOR EMPLOYMENT
 NOT FIT FOR EMPLOYMENT

Physician
/signature, date/

Official Stamp of Clinic.....