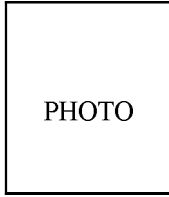




## MEDICAL REPORT:



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.....

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