MEDICAL REPORT

Photo
صورة شمسية

NAME :
PASSPORT NO :
POSITION APPLIED FOR :

PAST MEDICAL HISTORY

A) Venereal Disease :……..
B) Any Significant Illness :……..

LEFT EAR: RIGHT EAR:

LEFT EYE: RIGHT EYE:

SURGERY: ……
CXR:…….
LIVER: a) LFT:…….
b) Vaccines: ……
BILHARZIA:…….
TB:……
MALARIA:……
DM (URINE ANALYSIS):…….
BP: ……..
SEROLOGY VDRL / TPHA :……....
HIV ANTIBODY:.....
PREGNANCY (if applicable): ……..
ANTI HBe:……..
ANTI HBs: ……..
ANTI HBc:……....

BP: TOTAL:…….
IgG :……..
IgM :……..

HBcAg:……
HCAb:……..
OTHER DISEASE : ……..

The above person is :

Fit for employment
NOT fit for employment

Physician: .....
Address: .....
Date :.....
Signature:.....

Official Seal of Physician / Practice or Hospital.