


## MEDICAL REPORT

 <p style="text-align: center;">ATTACH PHOTO HERE (Ensure photo is signed and stamped by your Doctor)</p>	Name:	
	Sex:	Age:
	Status:	Nationality:
	Position applied for:	
	Dear Sir, Please arrange to examine the above candidate to determine whether they are medically fit for the above mentioned position.	
	Date:	Recruitment Attaché:

Please detail any history of significant illness, including psychiatric/neurological disorders (e.g. epilepsy, depression), allergy, etc:

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MEDICAL EXAMINATION		
Type		Results
Eye	- Vision R	
	- Vision L	
	- Other R	
	- Other L	
Ear	- R	
	- L	
Chest X-ray (2)		
Systemic	- Blood Pressure	
	- Heart	
	- Lungs	
	- Abdomen	
Other	- Hernia	
	- Varicose Veins	
	- Extremities	
Venereal	- Skin	
	- Clinical	
	- Lab -VDRL -TPHA	

LAB INVESTIGATIONS		
Type		Results
Urine	- Sugar	
	- Albumin	
	- Bilharziasis	
	- Other	
Stool	- Helminthes	
	- Bilharziasis	
	- Salmonella	
	- V Cholera	
Blood	- Other	
	- Haemoglobin	
	- Malaria Film	
Serology	- Other	
	- HIV	
	- FBC	
	- HbsAg, anti-HCV	
	- LFT	
Pregnancy	- Creatinine	
	- Urea	

THE ABOVE IS A MEDICAL REPORT FOR:

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IS THE APPLICANT FIT FOR EMPLOYMENT?      YES      NO

PHYSICIAN'S SIGNATURE:

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PHYSICIAN'S NAME:

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