


This form is applicable in countries with no GCC accredited medical center
Medical checkup requirement for permission work visa in kingdom of Bahrain
SECTION 1: Personal Data

| | | | | |
|-------|-------------------|---|--------------|----------------------|
| Photo | Name | <input type="text"/> | Age | <input type="text"/> |
| | Nationality | <input type="text"/> | Passport No. | <input type="text"/> |
| | DOB | <input type="text"/> | SEX | <input type="text"/> |
| | Marital status | <input type="checkbox"/> married <input type="checkbox"/> single <input type="checkbox"/> divorced <input type="checkbox"/> widow | | |
| | CPR/IF applicable | <input type="text"/> | JOB Title | <input type="text"/> |

SECTION 2 : Vital Data

| | | | | | | | | | | | | | | | |
|----------------|----------------------|---------|----------------------|-----------|----------------------|--------|----------------------|-----|----------------------|----------------|----------------------|----------|----------------------|----------|----------------------|
| blood pressure | <input type="text"/> | / | <input type="text"/> | Hight | <input type="text"/> | Kg | <input type="text"/> | ECG | <input type="text"/> | normal | <input type="text"/> | abnormal | <input type="text"/> | | |
| pulse | <input type="text"/> | regular | <input type="text"/> | irregular | <input type="text"/> | Weight | <input type="text"/> | Cm | <input type="text"/> | coloure vision | <input type="text"/> | normal | <input type="text"/> | abnormal | <input type="text"/> |
| | | vision | RT | /6 | LT | /6 | | | | | | | | | |

SECTION3: Clinical Examination/Lab Investigation
Clinical Examination
Cardiovascular Examination

| | | |
|--------------------|---|----|
| General appearance | N | AB |
| Auscultation | N | AB |

Respiratory Examination

| | | |
|--------------|---|----|
| Auscultation | N | AB |
| Chest x-ray | N | AB |

 note:

Labratory Investigation
Serology

| Stool | | | Result | |
|---------|--------|----------|---------|---|
| | Normal | Ubnormal | HBsAg | <input type="radio"/> Negative <input type="radio"/> Positive |
| | | | HCV | <input type="radio"/> Negative <input type="radio"/> Positive |
| OVA | | | HIV | <input type="radio"/> Negative <input type="radio"/> Positive |
| CYST | | | VDRL | <input type="radio"/> Negative <input type="radio"/> Positive |
| Amoebae | | | URNE | |
| Flagyal | | | Sugar | <input type="text"/> |
| RBC | | | Albumin | <input type="text"/> |
| WBC | | | Blood | <input type="text"/> |

RESULT
 Fit UNFIT

Hospital Stamp
DECLERATION

 I hereby have no objection to release any information content in this request to the concerned authority.

 I Dr declare that all information given is true.

 Signature Date

 *kindly refer to the pre-employment examination general rules for expatriates www.lmra.bh

*Polio vaccination mandatory in reported country /MMR is must for expatriates from endemic area.