

**MEDICAL REPORT**

Name of candidate:				Ref no :		
<b>PHOTO</b> <b>Cross signed &amp; stamped by the Doctor</b>	Passport No.	_____		Exam date		
	Date of issue	_____		dd-mm-yyyy		
	Place of Issue	_____		Exp date		
	Nationality	_____	Sex	_____	Country : IRAQ	
	Date of Birth	_____	Status	_____		
	Height	_____	Weight	_____		
	Position applied for	FIELD PROJECT ENGINEER			Ref. By Self	
<b>MEDICAL EXAMINATION</b>			<b>LABORATORY INVESTIGATIONS</b>			
Type of medical exam		Results	Type of Lab Inves.:		Results	
<b>EYE</b>	VISION	R.Eye	_____	<b>CBC</b>	WBC	
		L.Eye	_____		RBC	
	Others :	R.Eye	_____		PCV	
		L.Eye	_____		MCV	
					MCH	
					MCHC	
<b>EAR</b>		R Ear	_____		PLATELET	
		L Ear	_____		COUNT	
					HAEMOGLOBIN	
<b>SYSTEMATIC EXAMINATION</b>			<b>OTHERS</b>			
		- Blood Pressure	_____		HEPATITIS-B&C	
		- Heart	_____		MALARIA FILM	
		- Lungs	_____			
		- Abdomen	_____	<b>SEROLOGY</b>		
				<b>HIV</b>		
				- H Bs Ag	_____	
<b>OTHERS</b>		- Hernia	_____	- Anti HCV	_____	
		- Varicose Veins	_____			
		- Extremities	_____	- BLOOD SUGAR	_____	
		- Skin	_____	- BLOOD GROUP	_____	
<b>VENERAL DISEASES</b>			<b>PREGNANCY TEST</b>			
<b>Clinical</b>					N/A	
	- Lab.	VDRL:	_____			
		TPHA:	_____			

Remarks

Dear Sir,

**No Abnormality detected**

Mentioned above is the medical report for \_\_\_\_\_ Who is **FIT** for the above mentioned Job

.....  
**CHIEF MEDICAL OFFICIER**

Sign  
Stamp  
Regd No.