



# Medical Report



## DETAILED CANDIDATE REPORT

Medical Center Name:					G.H.C CODE NO:					
Address:					GCC Slip NO:					
Phone:			Fax:		Date Examined:					
Email:					Report Expiry Date:					
<b>CANDIDATE INFORMATION</b>										
Name		Age			Nationality					Photo
Gender		Marital Status			Profession					
Passport No		Place of issue			Travelling To					
<b>MEDICAL EXAMINATION: General</b>					<b>INVESTIGATION</b>					
Height	cm	Weight	Kgs	BMI	CHEST X-RAY					
B.P	/	Pulse	/min	RR	/min					<b>LABORATORY INVESTIGATION</b>
Visual Acuity	Unaided			Aided		<b>TYPE OF LAB INVESTIGATION</b>			<b>RESULTS</b>	
	Rt. Eye	Lt. Eye		Rt. Eye	Lt. Eye	BLOOD GROUP				
Distant	/6	/6		/6	/6	HAEMOGLOBIN				
Near	20 /20	20 /20		20 /20	20 /20	THICK FILM FOR				
Colour Vision	£ Normal		£ Doubtful		£ Defective		1. MALARIA			
Hearing	Rt. Ear			Lt. Ear		2. MICRO FILARIA				
						<b>BIOCHEMISTRY</b>				
<b>MEDICAL EXAMINATION: Systemic</b>					<b>FINDINGS</b>			R.B.S		
GENERAL APPEARANCE								L.F.T.		
CARDIOVASCULAR								CREATININE		
RESPIRATORY								<b>SEROLOGY</b>		
ENT								HIV I & II		
GASTRO INTESTINAL:								HBs Ag		
ABDOMEN (Mass, tenderness)								Anti HCV		
HERNIA								VDRL		Positive
GENITOURINARY								TPHA		Positive
HYDROCELE								Treatment Name		
MUSCULOSKELETAL								Dosage		
EXTREMITIES								Date		
BACK								<b>URINE</b>		

## DETAILED CANDIDATE REPORT

SKIN		SUGAR		
C.N.S		ALBUMIN		
DEFORMITIES		<b>STOOL</b>		
<b>MENTAL STATUS EXAMINATION</b>		ROUTINE		
A. Appearance		HELMINTHES		
Speech		OVA		
Behaviour		CYST		
B. Cognition:		OTHERS		
Orientation		<b>VACCINATION STATUS</b>		
Memory		TYPE	STATUS	DATE
Concentration		Polio	YES/NO	
C. Mood		MMR 1	YES/NO	
D. Thoughts		MMR 2	YES/NO	
OTHERS:		Meningococcal	YES/NO	
<b>REMARKS</b>				
Dear Sir/Madam, Mentioned above is the medical report for Mr./Miss _____ who is <b>FIT/UNFIT</b> for the above mentioned job according to the GCC Criteria.				
BAR CODE				
<a href="mailto:info@gcchmc.org">P.O Box 7431 - 11462, Riyadh   Phone : 966 1 4885270   Fax : 966 1 4885266   EmailID: info@gcchmc.org</a>				