KINGDOM OF BAHRAIN MINISTRY OF HEALTH PRIMARY CARE DIRECTORATE



مملكة البحرين وزارة الصحة قسم الرعاية الأولية

					MEDICAL CH	ECKUP	REQUIRMENT	FORM		
SECTION 1: Personal Data										
			Nam	e [Age	
			Natio	Nationality					Passport No.	
			DOB							
				Marital status married single divorced widow						
	CPR/	CPR/IF applicable JOB Title								
SECTION 2	: Vital [Data								
DISTANCE VISION					NEAR VIS		ION	Colure vision	NORMA	ABNORMAL
corrected unco		corrected		corrected		uncorrected ECG		NORMA	ABNORMAL	
RT	RT /6 RT		/6		RT /6	,	LT /6	WT:	Height:	BMI:
LT	/6	6 LT /6		6	RT /6		LT /6	PULSE	regular	irregular
SECTION3: Clinical Examination/Lab Investigation										
EXAMINATI	ON									
CARDIOVASCULAR EXAMINATION						RESPIRATORY				
General appearance				N	AB			ASCULTATION		AB
Auscultation N LABORATORY INVESTIGATION				AB		CHEST X-RAY		N	AB	
LABORATO			/N			IIR	INE		SEROLO	ncv
	STOOL Normal						112			
	Г		Ubnor	mal						RESULT
OVA	Г		Ubnor	mal	SUGAR			HBsAg		RESULT
OVA CYST	Г		Ubnor	mal	SUGAR			HBsAg HCV		RESULT Positive
	Г		Ubnor	mal					Nega	RESULT tive Positive tive Positive
CYST	Г		Ubnor	mal	ALBUMIN			HCV	Nega	RESULT tive Positive Positive Positive Positive
CYST	Г		Ubnor	mal	ALBUMIN BLOOD			HCV	Nega	RESULT tive Positive Positive Positive Positive
CYST AMOEBAE FLAGYAL RBC	Г		Ubnor	mal	ALBUMIN BLOOD			HCV	Negation Neg	RESULT tive Positive Positive Positive Positive
CYST AMOEBAE FLAGYAL	Г		Ubnor	mal	ALBUMIN BLOOD			HCV HIV VDRL	Negation Neg	RESULT tive Positive tive Positive tive Positive tive Positive
CYST AMOEBAE FLAGYAL RBC WBC DECLERATIO	Nor		Ubnor	mal	ALBUMIN BLOOD Hospital sta	mp		HCV HIV VDRL Resul	Negation Neg	RESULT tive Positive tive Positive tive Positive UnFit
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