

KINGDOM OF BAHRAIN
MINISTRY OF HEALTH
PRIMARY CARE DIRECTORATE



مملكة البحرين
وزارة الصحة
قسم الرعاية الأولية

MEDICAL CHECKUP REQUIREMENT FORM

SECTION 1: Personal Data

	Name	<input type="text"/>	Age	<input type="text"/>
	Nationality	<input type="text"/>	Passport No.	<input type="text"/>
	DOB	<input type="text"/>	SEX	<input type="checkbox"/> Male <input type="checkbox"/> Female
	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

DISTANCE VISION		NEAR VISION		Colure vision	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL
corrected	uncorrected	corrected	uncorrected	ECG	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL
RT /6	RT /6	RT /6	LT /6	WT:	Height:	BMI:
LT /6	LT /6	RT /6	LT /6	PULSE	regular	irregular

SECTION3: Clinical Examination/Lab Investigation

EXAMINATION

CARDIOVASCULAR EXAMINATION			RESPIRATORY		
General appearance	N	AB	ASCULTATION	N	AB
Auscultation	N	AB	CHEST X-RAY	N	AB

LABORATORY INVESTIGATION

STOOL			URINE		SEROLOGY	
	Normal	Ubnormal				RESULT
OVA			SUGAR		HBsAg	<input type="checkbox"/> Negative <input type="checkbox"/> Positive
CYST			ALBUMIN		HCV	<input type="checkbox"/> Negative <input type="checkbox"/> Positive
AMOEBAE			BLOOD		HIV	<input type="checkbox"/> Negative <input type="checkbox"/> Positive
FLAGYAL			Hospital stamp		VDRL	<input type="checkbox"/> Negative <input type="checkbox"/> Positive
RBC					Result	<input type="checkbox"/> Fit <input type="checkbox"/> UnFit
WBC						

DECLARATION

I hereby declare that the information given in section (3) are complete and correct as best my knowledge.

I HEREBY HAVE NO OBJECTION TO RELEAS ANY INFORMATION COTENT IN THIS REQUEST TO THE CONCERNED

AUTHORITY SIGNATURE

I Dr declare that all the 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.

This form applicable in countries with no GCC accredited clinic