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|---------------|--|
| LAB SR NO | |
| REFERENCE NO. | |
| DATE EXAMINED | |
| DATE EXPIRY | |

CANDIDATE INFORMATION

| | | | | | |
|---------------|--|----------------|--|------------------|--|
| FULL NAME | | AGE | | GENDER | |
| HEIGHT | | WEIGHT | | MARITAL STATUS | |
| DATE OF BIRTH | | NATIONALITY | | PASSPORT NO | |
| DATE OF ISSUE | | PLACE OF ISSUE | | POST APPLIED FOR | |

REPORT

| MEDICAL EXAMINATION | | LABORATORY INVESTIGATION | |
|---------------------------------------|---------|---------------------------|---------|
| TYPE OF EXAMINATION | RESULTS | TYPE OF LAB INVESTIGATION | RESULTS |
| EYES | | URINE | |
| Vision Right Eye | | Sugar | |
| Other Right Eye | | Albumin | |
| Vision Left Eye | | Bilharziasis | |
| Other Left Eye | | Others | |
| EAR | | BLOOD | |
| Right Ear | | Haemoglobin | |
| Left Ear | | Malaria Film | |
| SYSTEMATIC EXAM | | Micro Filaria | |
| Blood Pressure | | Blood Group | |
| Heart | | Others | |
| Lungs | | STOOL | |
| Abdomen | | Helminths | |
| VENEREAL DISEASES (CLINICAL) | | Bilharziasis | |
| VDRL/TPHA | | Salmonella/Shigella | |
| | | V. Cholera: | |
| CHEST X-RAY | | COVID | |
| PREGNANCY | | SEROLOGY | |
| REMARKS | | HIV | |
| | | HBsAg | |
| | | Anti HCV | |
| | | L.F.T. | |
| | | Urea | |
| | | Creatinine | |
| | | Blood Sugar | |
| | | K.F.T | |

NOTE:- It should be clearly understand that “MediTrust” is conducting medical examination only and in no way linked to any agency or responsible for placement of any job within INDIA or ABROAD or directing candidates to any client or their repatriation for any reason whatsoever.