

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

## CANDIDATE INFORMATION

|               |  |                |  |                  |  |
|---------------|--|----------------|--|------------------|--|
| FULL NAME     |  | AGE            |  | GENDER           |  |
| HEIGHT        |  | WEIGHT         |  | MARITAL STATUS   |  |
| DATE OF BIRTH |  | NATIONALITY    |  |                  |  |
| DATE OF ISSUE |  | PLACE OF ISSUE |  | POST APPLIED FOR |  |

## REPORT

| MEDICAL EXAMINATION                   |         | LABORATORY INVESTIGATION  |         |
|---------------------------------------|---------|---------------------------|---------|
| TYPE OF EXAMINATION                   | RESULTS | TYPE OF LAB INVESTIGATION | RESULTS |
| <b>EYES</b>                           |         | <b>URINE</b>              |         |
| Vision Right Eye                      |         | Sugar                     |         |
| Vision Left Eye                       |         | Albumin                   |         |
|                                       |         | Others                    |         |
| <b>EAR</b>                            |         |                           |         |
| Right Ear                             |         | <b>BLOOD</b>              |         |
| Left Ear                              |         | Haemoglobin               |         |
|                                       |         | Malaria Rapid             |         |
| <b>SYSTEMATIC EXAM</b>                |         | Micro Filaria             |         |
| Blood Pressure                        |         | Blood Group               |         |
| Heart-Rate                            |         | Others                    |         |
| Lungs                                 |         | <b>STOOL</b>              |         |
| Abdomen                               |         | Helminths                 |         |
| Hydrocil                              |         | Bilharziasis              |         |
| <b>VENEREAL DISEASES ( CLINICAL )</b> |         | Salmonella/Shigella       |         |
| VDRL/TPHA                             |         | V. Cholera:               |         |
| <b>CHEST X-RAY</b>                    |         | <b>COVID</b>              |         |
| <b>PREGNANCY</b>                      |         | <b>SEROLOGY ELISA</b>     |         |
| <b>REMARKS</b>                        |         | 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.

Reports not valid for medico legal purposes. Findings / Test are opinion and not the Diagnosis, it should be clinically correlated. If tests are unexpected, please contact immediately in person



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