

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	
Other Right Eye		Albumin	
Vision Left Eye		Bilharziasis	
Other Left Eye		Others	
<b>EAR</b>		<b>BLOOD</b>	
Right Ear		Haemoglobin	
Left Ear		Malaria Film	
<b>SYSTEMATIC EXAM</b>		Micro Filaria	
Blood Pressure		Blood Group	
Heart		Others	
Lungs		<b>STOOL</b>	
Abdomen		Helminths	
<b>VENEREAL DISEASES ( CLINICAL )</b>		Bilharziasis	
VDRL/TPHA		Salmonella/Shigella	
		V. Cholera:	
<b>CHEST X-RAY</b>		<b>COVID</b>	
<b>PREGNANCY</b>		<b>SEROLOGY</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.