

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	

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