FOREIGN WORKER MEDICAL REPORT

1) WORKER INFORMATION	
Photo:	
Name:	
Passport Number:	
Nationality:	
Date Of Birth:	
Gender:	
Type Of Employment:	
Employer's Name:	
Employer's Address:	
2) MEDICAL EXAMINATION DETAILS	
Examination Date:	
Medical Facility Name:	
Address:	
Height(Cm):	
Weight(Kg):	
Blood Pressure(Mm/Hg):	
Pulse Rate(Bpm)	
Vision:	[ ] Normal [ ] Abnormal
Hearing:	[ ] Normal [ ] Abnormal
Physical examination:	[ ] Normal [ ] Abnormal (Specify:)
3) LABORATORY TESTS	
Blood Test:	a) Haemoglobin(g/dL): b) White Blood Cell Count(L): c) Platelet Count(L):
Urine Test:	a) Protein: [ ] Normal [ ] Abnormal b) Glucose: [ ] Normal [ ] Abnormal
Infectious Disease Screening:	a) Tuberculosis: [ ] Negative [ ] Positive b) Hepatitis B: [ ] Negative [ ] Positive c) HIV/AIDS: [ ] Negative [ ] Positive d) Syphilis: [ ] Negative [ ] Positive
4) CHEST X-RAY FINDINGS	
Date of X-Ray:	
Results:	[ ] Normal [ ] Abnormal (Specify:)
5) CONCLUSION AND RECOMMENDATION	
Additional Remarks:	
Signature:	
Date:	