

تقرير الفحص الطبي

**MEDICAL EXAMINATION REPORT**

التاريخ : 18 /11/ 2015

Code No : 10/01/01

Medical Examination		Investigations: to be done in Primary Health Care	
Type of medical Examination	RESULT	Type of Investigation	RESULT
Basic biometrics:	Ht: <b>190cm</b> Wt: <b>81 kgs</b>	Urine test: Sugar Albumin	<input type="radio"/> Present <input checked="" type="radio"/> Absent <input type="radio"/> Present <input checked="" type="radio"/> Absent
Rt Eye: Visual Equity Lt Eye: Visual Equity	<b>6/6</b> <b>6/6.</b>	Blood Test : Blood Group FBS /RBS Hemoglobin Malaria Micro filarial	<b>O +ve</b> <b>Normal</b> <b>Normal</b> <input type="radio"/> Positive <input checked="" type="radio"/> Negative <input type="radio"/> Positive <input checked="" type="radio"/> Negative
Nose & throat Rt .Ear Lt.Ear Respiratory system	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal <input checked="" type="radio"/> Normal <input type="radio"/> Abnormal <input checked="" type="radio"/> Normal <input type="radio"/> Abnormal <input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	Stool Micros copy	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Cardiovascular System: Bb Pulse Heart Other	<b>138/60mmHg</b> <b>68/ min</b> <input checked="" type="radio"/> Normal <input type="radio"/> Abnormal <b>NO Other</b>	ECG Chest X- Ray	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal <input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Gastro Intestinal System Liver Spleen As cites Hernia Other:	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal <input checked="" type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Present <input checked="" type="radio"/> Absent <input type="radio"/> Present <input checked="" type="radio"/> Absent <b>NO Other</b>	Pregnancy Test : VDRL TPHA (If VDRL	<input checked="" type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Positive <input checked="" type="radio"/> Negative <input type="radio"/> Positive <input checked="" type="radio"/> Negative
Genitor Urinary System: Kidney	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	Special Investigations: to be done in Public Health Laboratory	
Skeletal :	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	Type of Invest	Result
Skin :	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	Anti - HIV	<input type="radio"/> Positive <input checked="" type="radio"/> Negative
Dental & mouth :	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	Anti - HCV	<input type="radio"/> Positive <input checked="" type="radio"/> Negative
Clinical evidence of STD	<input type="radio"/> Present <input checked="" type="radio"/> Absent	HBsAg	<input type="radio"/> Positive <input checked="" type="radio"/> Negative
CNS .Psychiatric	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	CDC Doctors signature: Stamp:	

تلفون: 00249183486300-00249183494542-00249183494542-00249183486300

فاكس: 00249183486301-00249183494540-00249183494540-00249183486301

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