

G.H.C. Code No.

GCC Slip No.

Date examined

Report expiry date

### CANDIDATE INFORMATION

Name	Gender	Nationality	Travelling to
Marital Status	Passport No	Age	Passport Expiry Date
Height	Weight	BMI	Phone
			Profession

### MEDICAL EXAMINATION: GENERAL

Blood pressure	120/80	Pulse/min	80
RR/min	15		

### VISUAL ACUITY AIDED AND UNAIDED

Colour Vision	Normal	Comments
DISTANT/AIDED		
Left eye 6/ 6		Right eye 6/ 6
DISTANT/UNAIDED		
Left eye 6/ 6		Right eye 6/ 6
NEAR/AIDED		
Left eye 20/ 20		Right eye 20/ 20
NEAR/UNAIDED		
Left eye 20/ 20		Right eye 20/ 20
HEARING		
Left ear	Normal	Right ear
		Normal

### SYSTEM EXAMINATION

General	NAD	Cardiovascular	NAD
appearance			
Respiratory	NAD	ENT	NAD
GASTRO INTESTINAL			
Abdomen (Mass, tenderness)	NAD	Hernia	NAD
GENITOURINARY			
Genitourinary	NAD	Hydrocele	NAD
MUSCULOSKELETAL			
Extremities	NAD	Back	NAD
Skin	NAD	C.N.S.	NAD
Deformities	NAD		

### MENTAL STATUS EXAMINATION

APPEARANCE			
Appearance	NAD	Speech	NAD
Behaviour	NAD		
COGNITION			
Cognition	NAD	Orientation	NAD
Memory	NAD	Concentration	NAD
Mood	NAD	Thoughts	NAD
Others		Remarks	

### INVESTIGATION

Chest X Ray	NAD	Comment
-------------	-----	---------

### LABORATORY INVESTIGATION

BLOOD			
Blood group	O+	Haemoglobin g/dl	14.5
THICK FILM FOR			
Malaria	Absent	Micro filaria	Absent
BIOCHEMISTRY			
R.B.S	95.0	L.FT	Normal
Creatinine	1.0		
SEROLOGY			
HIVI&II	Negative	HBs Ag	Negative
Anti HCV	Negative	VDRL	Negative
TPHA(if VDRL positive)	Negative		
URINE			
Sugar	Negative	Albumin	Negative
STOOL			
ROUTINE			
Helminthes	Absent	OVA	Absent
CYST	Absent	Others	
VACCINATION STATUS			
Polio	No	Date	
MMR 1	No	Date	
MMR 2	Yes	Date	
Meningococcal	No	Date	
COVID-19	Yes	Date	

### Remarks

Mentioned above is the medical report for Mr./Mrs who is Fit for the above mentioned job according to the GCC criteria

Doctor's Name

Signature

