



NEW MEDISCREEN MEDICAL CENTER

Medical Laboratory Services

380, Orabi Pasha Mawatha, Colombo-10. Tel: 4402116 Tel/Fax: 2687458

E-mail: newmediscreen01@gmail.com/ newmediscreen@sltnet.lk

Registration No: PHSRC / MC / 570



RFG COM CODE NO.	LAST NAME:	FIRST NAME:	SERIAL NO:
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District:

Sex: Age: Status: Nationality: Ht cm wt KG

Passport No: Place of Issue: Position applied for

Date: 0-Jan-00 Recruiting Agency: Country:

Medical History: History of any significant past illness including

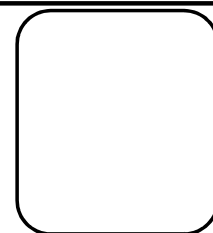
1. Psychiatric and neurological disorders (Epilepsy, depression, etc.) 2. Allergy, etc.

3. Others: etc.

I hereby authorize NEW MEDISCREEN and the undersigned physician to furnish such information as my prospective employer may need. And do hereby release them from any all responsibilities by doing so.

I also certify that the medical history contained above, is true and any false statement will disqualify me from my employment, benefits and claims.

Signature of Examinee: etc.



MEDICAL EXAMINATION

LABORATORY INVESTIGATIONS

TYPE OF MEDICAL EXAM		RESULTS	TYPE OF LAB INVESTIGATIONS		RESULTS
EYE	R.		URINE	SUGAR	
	L.			ALBUMIN	
EAR	R.			PREGNANCY	
	L.		STOOL	HELMINTHES	
SYSTEMIC EXAMINATION	BLOOD PRESSURE			SALMONELLA/SHIGELLA	
	HEART			V. CHOLERA	
	LUNGS			GIARDIA	
	ABDOMEN		BLOOD	HEMOGLOBIN	
	OTHER			MALARIA FILM	
	HERINA			MICRO FILARIA	
VERICLOSE VEINS	VERICLOSE VEINS			F.B.S./R.B.S.	
	EXTREMITIES			L.F.T.S.	
	SKIN			CREATININE	
				UREA	
VENERIAL DISEASES CLINICAL				TPHA	
				VDRL	
			SEROLOGY	ANTI HCV	
CHEST X-RAY				HIVTEST (HIBI-II)	
				HBsAg	

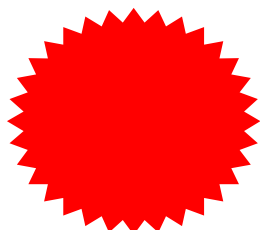
Dear Sir,

Mentioned above is the medical report of Mr/Mrs/Miss: etc.

etc. is free from any Contagious Disease at the time of Examination and

He/She

FIT/UNFIT



June 2, 2022

Date: etc.