

**Medical Test Registration  
Confirmation Slip**

مجلس الصحة  
لدول مجلس التعاون  
Gulf Health Council

**MEDICAL TEST REGISTRATION SLIP**

Merchant Reference No	OMS3964666	GCC Slip No	GCC/27/199/27/20396883
Name	SHARON SHAJI	Nationality	Indian
Travel To	Bahrain	Date of Birth	04/Apr/1998
Passport No	S2041518	Passport Expiry Date	08/May/2028
Amount	\$10	Payment Status	PAID
NationalID			

**MEDICAL CENTER INFORMATION****DR. KUNHALU'S NURSING HOME**

Ernakulam, Kochi 682011 KERALA - INDIA

Phone: 0091 484 2368451

Email: kunhalusnh@gmail.com



GENERATED DATE: 27/Sep/2019

NOTE: This Slip is valid only till 18/Oct/2019 .

## Medical Test Report

مجلس الصحة  
لدول مجلس التعاون  
Gulf Health Council



## Dr. Kunhalu's Nursing Home

Ernakulam, Kochi 682011 KERALA - INDIA  
Phone: 0091 484 2368451, Fax: 0091 484 2354960  
Postal Code: 682011  
Email: kunhalusnh@gmail.com  
Website URL :

G.C.C CODE NO

01/05/01

GCC Slip NO

GCC/27/199/27/20396883

Date Examined:

27/09/2019

Report Expiry Date:

27/12/2019

## CANDIDATE INFORMATION

Name	SHARON SHAJI	Age	21	Marital Status	Single
Height	162.00 Cms	Weight	90.00 Kgs	Nationality	Indian
Place of Issue	COCHIN	Travelling To	Bahrain	Passport No	S2041518
Profession	Accountant	Visa No		Visa Date	
Gender	Female			National ID	



History of any significant past illness including : 1) Allergy: NIL 2) Others: NAD 3) Psychiatric and neurological disorders (Epilepsy, depression, schizophrenia): NIL

I hereby permit the : Dr. Kunhalu's Nursing Home and the undersigned physician to furnish such information the company may need pertaining to my health status and other pertinent and medical findings and do hereby release them from any and all legal responsibility by doing so. I also certify that my medical history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

## MEDICAL EXAMINATION

## LABORATORY INVESTIGATION

TYPE OF EXAMINATION	RESULTS	TYPE OF LAB INVESTIGATION	RESULTS
EYE	Lt. 6/6 Rt. 6/6	URINE	
Commet.		SUGAR	Absent
Ear	Lt. NAD Rt. NAD	ALBUMIN	Not Detected
SYSTEMIC EXAM: CARDIO-VASCULAR		BILHARZIASIS (IF ENDEMIC)	Not Seen
B.P	124/80	STOOL	
HEART	NAD	ROUTINE	
RESPIRATORY EXAM		1. HELMINTHES	Not Seen
LUNGS	NAD	2. GIARDIA	Not Seen
CHEST X-RAY	NAD	3. BILHARZIASIS (IF ENDEMIC) CULTURE	Not Seen
GASTRO INTESTINAL: ABDOMEN	NAD	4. SALMONELLA/SHEGELLA	NAD
OTHERS: HERNIA	NAD	5. CHOLERA (IF ENDEMIC)	NAD
VARICOSE VEINS	NAD	BLOOD	
EXTREMITIES	NAD	BLOOD GROUP	'O' +ve
DEFORMITIES	NAD	HAEMOGLOBIN	12.2
SKIN	NAD	THICK FILM FOR	Absent
VENEREAL DISEASES: CLINICAL	NAD	1. MALARIA	Not Detected
C.N.S	NAD	2. MICRO FILARIA	Not Detected
PSYCHIATRY	NAD	SEROLOGY	
Remarks:		1. R.B.S	100
Dear Sir/Madam,		2. L.F.T.S	Normal
Mentioned above is the medical report for Ms. SHARON SHAJI who is FIT for the above mentioned job according to the GCC Criteria.		3. CREATININE	0.7
		ELISA	
		1. HIV I & II	Negative
		2. HBs Ag	Negative
		3. Anti HCV	Negative
		VDRL	Non Reactive
		TPHA (IF VDRL POSITIVE)	Negative
		PREGNANCY TEST:	-Ve



201920396883

CHIEF PHYSICIAN

Dr. RAFIQ MOHAMED  
M. B. B. S., M. D. (Medicine)  
Consultant Physician  
Reg: No: 22211  
Dr. Kunhalu's Nursing Home  
T. D. Road, Cochin-11



BOOSTER DOSE OF VACCINATION  
FOR MUMPS, MEASLES  
& RUBELLA GIVEN



Signature: \_\_\_\_\_

