

DETAILED CANDIDATE REPORT

Medical Center Name:					G.H.C CODE NO:					
Address:					GCC Slip NO:					
Phone:			Fax:		Date Examined:					
Email:					Report Expiry Date:					
CANDIDATE INFORMATION										
Name		Age			Nationality					Photo
Gender		Marital Status			Profession					
Passport No		Place of issue			Travelling To					
MEDICAL EXAMINATION: General					INVESTIGATION					
Height	cm	Weight	Kgs	BMI	CHEST X-RAY					
B.P	/	Pulse	/min	RR	/min					LABORATORY INVESTIGATION
Visual Acuity	Unaided			Aided		TYPE OF LAB INVESTIGATION			RESULTS	
	Rt. Eye	Lt. Eye		Rt. Eye	Lt. Eye	BLOOD GROUP				
Distant	/6	/6		/6	/6	HAEMOGLOBIN				
Near	20 /20	20 /20		20 /20	20 /20	THICK FILM FOR				
Colour Vision	£ Normal		£ Doubtful		£ Defective		1. MALARIA			
Hearing	Rt. Ear			Lt. Ear		2. MICRO FILARIA				
						BIOCHEMISTRY				
MEDICAL EXAMINATION: Systemic				FINDINGS		R.B.S				
GENERAL APPEARANCE						L.F.T.				
CARDIOVASCULAR						CREATININE				
RESPIRATORY						SEROLOGY				
ENT						HIV I & II				
GASTRO INTESTINAL:						HBs Ag				
ABDOMEN (Mass, tenderness)						Anti HCV				
HERNIA						VDRL			Positive	
GENITOURINARY						TPHA			Positive	
HYDROCELE						Treatment Name				
MUSCULOSKELETAL						Dosage				
EXTREMITIES						Date				
BACK						URINE				

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SKIN		SUGAR		
C.N.S		ALBUMIN		
DEFORMITIES		STOOL		
MENTAL STATUS EXAMINATION		ROUTINE		
A. Appearance		HELMINTHES		
Speech		OVA		
Behaviour		CYST		
B. Cognition:		OTHERS		
Orientation		VACCINATION STATUS		
Memory		TYPE	STATUS	DATE
Concentration		Polio	YES/NO	
C. Mood		MMR 1	YES/NO	
D. Thoughts		MMR 2	YES/NO	
OTHERS:		Meningococcal	YES/NO	
REMARKS				
Dear Sir/Madam, Mentioned above is the medical report for Mr./Miss _____ who is FIT/UNFIT for the above mentioned job according to the GCC Criteria.				
BAR CODE				
P.O Box 7431 - 11462, Riyadh Phone : 966 1 4885270 Fax : 966 1 4885266 EmailID: info@gcchmc.org				