



# MEDICAL REPORT

نموذج تقرير طبي

PHOTO	NAME:			
	NATIONALITY:	SEX:	AGE:	MARITAL STATUS:
	PASSPORT NO:	ISSUE PLACE:	ISSUE DATE:	
	POSITION APPLIED FOR:			
	DEAR SIR / MADAM PLEASE, ARRANGE TO EXAMINE THE ABOVE MENTIONED CANDIDATE AS TO HIS/HER FITNESS FOR THE ABOVE MENTIONED POSITION.			
DATE ____/____/____		RECRUITMENT ATTACHE/OR DOCTOR: _____		

Type of test examination	Negative/Normal	Positive/Abnormal	Comments
Blood Test			
HIV			
Hepatitis (A,B and C)			
Pulmonary tuberculosis			
Others			

All necessary examinations and laboratory results attached here indicate that  
Mr. / Mrs. / Miss

Is medically fit ( ) unfit ( ).

Physician:

Signature:

Clinic stamp:

Health Ministry Authority/office Stamp:

(Gesundheitsamt /Aerztekammer Stempel)