


**This form is applicable in countries with no GCC accredited medical center**
**Medical checkup requirement for permission work visa in Kingdom of Bahrain**
**SECTION 1: Personal Data**

Photo	Name	<input type="text"/>	Age	<input type="text"/>
	Nationality	<input type="text"/>	Passport No.	<input type="text"/>
	DOB	<input type="text"/>	SEX	<input type="text"/>
	Marital status	<input type="checkbox"/> married <input type="checkbox"/> single <input type="checkbox"/> divorced <input type="checkbox"/> widow		
	CPR/IF applicable	<input type="text"/>	Job Title	<input type="text"/>

**SECTION 2 : Vital Data**

blood pressure	<input type="text"/>	/	<input type="text"/>	Height	<input type="text"/>	CM	ECG	<input type="text"/>	normal	<input type="text"/>	abnormal	
pulse	<input type="text"/>	regular	<input type="text"/>	irregular	Weight	<input type="text"/>	KG	color vision	<input type="text"/>	normal	<input type="text"/>	abnormal
vision	RT	/6	LT	/6								

**SECTION3: Clinical Examination/Lab Investigation**
**Clinical Examination**
**Cardiovascular Examination**

General appearance	N	AB
Auscultation	N	AB

**Respiratory Examination**

Auscultation	N	AB
Chest x-ray	N	AB

 note:
   
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**Laboratory Investigation**

Routine		Serology			URNE	
Normal	Abnormal		Result			Result
Others		HBsAg	<input type="radio"/> Negative	<input type="radio"/> Positive	Sugar	
Others		HCV	<input type="radio"/> Negative	<input type="radio"/> Positive	Albumin	
Amoebae		HIV	<input type="radio"/> Negative	<input type="radio"/> Positive	Blood	
Flagyl		VDRL	<input type="radio"/> Negative	<input type="radio"/> Positive		
RBC						
WBC						

**Mental Status Examination**

	Findings		Findings
A- Appearance		C- Mood	
Speech		D- Thoughts	
Behavior		Others	
B- Cognition		Vaccination	
Orientation		Polio	<input type="radio"/> Yes <input type="radio"/> No
Memory		MMR	<input type="radio"/> Yes <input type="radio"/> No
Concentration		Others	

<b>RESULT</b>	<input type="checkbox"/> Fit	<input type="checkbox"/> Unfit
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**Hospital Stamp**

**DECLARATION**

I hereby  have no objection to release any information content in this request to the concerned authority.

I Dr  declare that all information given is true.

Signature  Date

\*Please refer to the general guidelines for the pre-employment examination for expatriates at [www.lmra.bh](http://www.lmra.bh).

\*Polio vaccination mandatory in reported country /MMR is must for expatriates from endemic area.