



Medical Checkup Requirement for permission work visa in kingdom of Bahrain

**SECTION 1 : Personal Data**

	Name			Age	
	Nationality			Passport No.	
	DOB			Sex	
	Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow			
CPR/IF applicable		Job Title			

**SECTION 2 : Vital Data**

Blood Pressure		Height		ECG	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Pulse	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	Weight		Color Vision	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal RT : 6/6    LT: 6/6

**SECTION 3 : 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 :**

Laboratory Investigation					
STOOL		SEROLOGY		RESULT	
	Normal	Abnormal	RESULTS	FIT	UNFIT
OVA			HbsAG <input type="checkbox"/> Negative <input type="checkbox"/> Positive	Hospital Stamp	
CYST			HCV <input type="checkbox"/> Negative <input type="checkbox"/> Positive		
Amoebae			HIV <input type="checkbox"/> Negative <input type="checkbox"/> Positive		
Flagyal			VDRL <input type="checkbox"/> Negative <input type="checkbox"/> Positive		
RBC			URINE		
WBC			Sugar <input checked="" type="checkbox"/> <input type="checkbox"/>	Albumin <input checked="" type="checkbox"/> <input type="checkbox"/>	Blood <input checked="" type="checkbox"/> <input type="checkbox"/>

**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 :

\* Kindly refer to the pre-employment examination general rules for expatriates [www.Imra.bh](http://www.Imra.bh).

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