



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			Respiratory Examination		
General Appearance	N	AB	Auscultation	N	AB
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	Albumin	Blood	
			☒	☒	☒	

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.lmra.bh.

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

