



MEDICAL REPORT

PHOTO	NAME:
	PASSPORT NUMBER:
	POSITION APPLIED FOR:

PAST MEDICAL HISTORY

A. Venereal Disease:

B. Any Significant Illness:

LEFT EAR:
RIGHT EAR:
LEFT EYE:
RIGHT EYE:
MPOX: No infection detected, and patient has not socialized with an infected person in the last 21 days
SURGERY (if applicable):
CXR:
LIVER a) LFT:
b) Vaccines: Full records with own GP
BILHARZIA:
TB:
MALARIA:
DM (Urine Analysis):
BP:
SEROLOGY VDRL / TPHA:
HIV ANTIBODY:
PREGNANCY (if applicable):
ANTI HBe:
ANTI HBs:
ANTI HBc: TOTAL:
IgG:
IgM:
HBcAg:
HCAb:
OTHER DISEASE:

The above person is:	FIT FOR EMPLOYMENT
	NOT fit for employment

Physician: Dr Carole McAlister
Address: GP Matters, 24 Buckingham Terrace, Glasgow G12 8ED, UK

Signature: _____ Dated: _____