

Medical Report Form Sample for Immigration Purposes

This **medical report form sample** is specifically designed for immigration purposes, ensuring all necessary health information is accurately documented. It helps streamline the medical evaluation process by providing a clear and organized layout for healthcare professionals. Utilizing this form can facilitate smoother communication between applicants and immigration authorities.

A. Applicant Information

Full Name

Date of Birth (dd/mm/yyyy)

Passport/ID Number

Country of Origin

Gender

--Select--

B. Medical History

Please describe any significant medical history (e.g., chronic diseases, surgeries):

Current Medications (if any):

History of Communicable Diseases:

Tuberculosis

Hepatitis

HIV/AIDS

None

C. Physical Examination

Parameter	Result/Value	Normal Range
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Height (cm)	<input type="text"/>	120-210
Weight (kg)	<input type="text"/>	35-180
Blood Pressure (mmHg)	<input type="text"/>	90/60-140/90
Vision (Right/Left)	<input type="text"/>	6/6 - 6/9

D. Laboratory Investigations

Tuberculosis Screening Results:

HIV Test Result:

Hepatitis B/C Results:

E. Doctor's Certification

Examining Physician Name:

Medical License/Registration Number:

Clinic/Hospital Address:

Physician's Signature:

Date of Examination:

Submit