

# 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 |
|-----------|--------------|--------------|
|-----------|--------------|--------------|

|                       |                      |              |
|-----------------------|----------------------|--------------|
| 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