

THE GENERAL MEDICAL INSURANCE AUTHORITY  
GENERAL MEDICAL COMMITTEE

MEDICAL REPORT



Name :.....  
Birth date :.....  
ID number :.....  
Address:.....  
Work Place:.....  
Intended Work:.....  
General Inspection:

Length:.....

Weight:.....

Eye : Sight power R.....  
L.....

:Cornea, Retina.....

Circulatory system : Pulse .....

: Blood Pressure.....

: Heart .....

Respiratory system :.....

Abdomen examination : Liver .....

: Spleen.....

:Kidney.....

:Intestine .....

Nervous system :

Central nervous system:.....

Peripheral nervous system:.....

Bones :.....

Skin :.....

E.N.T :.....

Teeth :.....

Urine analysis :.....

Stool analysis :.....

X-ray :.....

Results:

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Head of the General Medical Committee