



The State of Eritrea
Ministry of Labour and Human Welfare (MLHW)

MEDICAL REPORT

(To be certified by a doctor/hospital on the panel of Eritrean Mission or as designated by Eritrean Mission)

(I) NAME OF APPLICANT:		
1.1	Age:	
1.2	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
1.3	Height (Cm):	
1.4	Weight (Kg):	
1.5	Blood Group:	
1.6	Blood pressure:	
(II) MEDICAL EXAMINATION		
2.1	Is the person examined in good health at present?	
2.2	Is the person examined physically and mentally in good condition to carry out his duties away from home?	
2.3	Is the person free of infectious diseases?	
	2.3.1	Hepatitis
	2.3.2	Trachoma
	2.3.3	Tuberculosis
	2.3.4	Skin diseases
2.3.5	HIV/AIDS	
2.4	List any observed abnormalities indicated in the Chest X-ray	
2.5	Does the person examined have any medical condition or defect which might require treatment during his stay in Eritrea?	
(III) DOCTOR'S/PHYSICIAN'S CERTIFICATION		
3.1	I certify that the applicant is medically fit to undertake his future job	
3.2	Name of Doctor/Physician	
3.3	Registration No.	
3.4	Address of Clinic/Hospital	
3.5	City/town	
3.6	Telephone	
3.7	E-mail: _____ Date / / _____	