

Medical Examination Report Form

Heading:

- Institution's Logo
- Title: Medical Examination Report

Personal Information:

- Candidate Name: _____
- Date: _____
- Examination Reason: Employment Annual Checkup Other

Medical Examination:

- Height: _____ Weight: _____
- Eyesight: Left Eye: _____ Right Eye: _____
- Hearing Test: Pass Fail

Laboratory Findings:

- Blood Type: _____
- Hemoglobin Level: _____
- Urinalysis Results: _____

Medical Assessor's Observations:

- Text Box for observations

Certification:

- I certify that the information above is accurate to the best of my knowledge.

- **Physician's Signature:** _____ **Date:** _____