

Foreign Physical Examination Form PDF

1. Applicant Information

- Full Name: _____
- Passport Number: _____
- Date of Birth: _____
- Gender: _____
- Nationality: _____
- Contact Number: _____

2. Travel History

- Countries Visited in Last 6 Months: _____
- Purpose of Visit: _____

3. Medical History

- Past Illnesses: _____
- Current Medications: _____
- Allergies: _____
- Vaccination Record: _____

4. Examination Details

- Height: _____
- Weight: _____
- Blood Pressure: _____
- Heart Rate: _____
- Vision Test: _____
- Hearing Test: _____

5. Laboratory Tests

- Blood Test Results: _____
- Urine Test Results: _____
- X-ray/MRI Results: _____

6. Doctor's Observations

- General Appearance: _____
- Neurological Examination: _____
- Cardiovascular Examination: _____
- Respiratory Examination: _____

7. Conclusion and Recommendations

- Fitness Status: _____
- Recommendations for Further Tests: _____
- Doctor's Signature: _____ Date: _____