



Foreign Affairs & Scholarship Management Department
Medical Check-Up
For Afghan Scholarship Holders

1) Names:

First Name:

Last Name:

Address:

Photo

3x4

Date of Birth: day () month () year ()

Place of Birth: ()

Height: () m) **Weight** () kg) **Blood pressure** ()

2) Physical exam (state: infection, mal formation, other obvious diseases):

Eyes:	
Ears:	
Nose:	
Neck:	
Thorax:	
Abdomen:	
HIV:	
CHV:	
Blood HBS	
HCV	
Blood picture	
Pregnancy	
TB-exam in cloud:	
1-Chest-x-Ray	
2-Sputum Analysis	

3) Laboratories exam:

Chest x – ray Normal Abnormal Exp.

Urine:

Date: / /

Stamp & Officer in Charge
General Medical Clinic
Ministry of Higher Education

Impression: