

MEDICAL SCREENING FORM FOR BANK OF BHUTAN LTD.

Part I: Personal Information <i>(to be completed by the applicant)</i>		
Name:	Nationality:	Identity Card No./Passport No.
Date of Birth:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Contact Number:
Present Address:		

Part II: Physical Examination: *(to be completed by a registered medical or health person only – please tick)*

	Medical Test	Normal	Abnormal	Brief details <i>(if Abnormal)</i>
1.	Pulse ratePer min			
2.	Blood pressure/.....mm Hg			
3.	Blood for hepatitis B			
4.	Hemoglobin			
5.	Tuberculosis (TB)			
6.	HIV Test			
7.	Pregnancy Test (Ultrasound)	Negative <input type="checkbox"/>	Positive <input type="checkbox"/>	
8.	Drug Test (morphine, Heroin, marijuana, cocaine, etc.)	Negative <input type="checkbox"/>	Positive <input type="checkbox"/>	
9.	Eye Sight			
10.	Renal Functions			
11.	Diabetes			

Part III: Certification and declaration

I certify that the person is: (tick only one option)

Fit

Unfit (Specify reason)

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<p>Name and Signature of the examining medical of health person wit official seal</p>	<p>BMHC registration No. and Address</p>
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