

Medical Examination Report

Date of examination : _____

Name : _____

Hong Kong ID number : _____

Date of Birth : _____

Gender : _____

Clinical Examinations

Body Weight : _____ kg

Height : _____ cm

Blood Pressure : _____/_____ mm/Hg

Physical Examinations

Eyes : Nil of significance / _____

Visual Acuity : Left 20/_____ Right 20/_____

Corrections : with / without

Ears, Nose, Throat : Nil of significance / _____

Heart, Lungs : Nil of significance / _____

Abdomen : Nil of significance / _____

Spine : Nil of significance / _____

Extremities : Nil of significance / _____

Urine Examinations

Albumin : _____ g/l

Sugar : _____ mmol/l

Blood Examinations

Haemoglobin : _____ g/l, report attached.

X-rays Examination

Chest X-rays : Report as attached

Comments

The above-named is medically FIT / UNFIT for employment as a

Yours sincerely,