



NCHM MEDICAL SCREENING FORM FOR TRANSFER PLACEMENT TO HIGH ALTITUDE AREAS

PART I & II : TO BE DULY COMPLETED BY INDIVIDUAL OFFICIAL/ APPLICANT				
Part I: Personal Biodata				
Name:		<i>(Attach passport size photo)</i>		
EID No. :				
Date of Birth:				
Blood Group:				
Contact No:				
Gender:				
Current Working Address:				
Part II: Medical History				
Sl#	Description	Yes	No	Remarks
1	Mental illness			
2	Hypertension			
3	Heart Disease			
4	Asthma			
5	Epilepsy			
6	Addiction to alcohol/drugs			
7	Under long-term medication			
8	Physical disabilities			
9	Others (specify, if any)			
I hereby declare that all informations provided above are true and I shall be liable/responsible for any actions resulted for providing false/misleading information.				
<i>(Affix legal stamp)</i>				
Signature/Thumb Impression of the Employee				
Date and place:				



Part III & IV: TO BE COMPLETED BY RGOB REGISTERED MEDICAL PROFESSIONALS				
Part III: Physical Examination				
Sl#	Health and Medical Screening	Normal	Abnormal	Brief Details (If not normal)
1	Blood test	CBC		
		RFT		
		LFT		
		RBS		
2	Electrocardiogram (ECG)			
3	Chest X-Ray			
4	Respiratory system			
5	Blood pressure (bp)			
6	Oxygen saturation			
7	Nervous system			
Part IV: Health and Medical Prescriptions, if any				
<p>Signature and Seal of Medical Professional BMHC Registration No./Seal</p>				
<p>Note: <i>This medical and health examination applies only for official deputed for temporary transfer to high altitude places above 4,000 metres above sea level to execute assigned official duties.</i></p>				