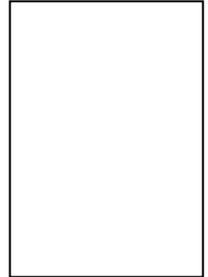


**The General Medical Insurance Authority  
General Medical Committee**

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**Medical Report**

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**Name:**

**Birth Date:**

**ID Number:**

**Address:**

**Work Place:**

**Intended Work:**

**General Inspection:**

Length:

Weight:

**Eye: sight power:**

R:

L:

Cornea, Retina

**Circulatory System:**

Pulse

Blood Pressure

Heart

**Respiratory System:**

**Abdomen Examination:**

Liver

Spleen

Kidney

Intestine

**Nervous System:**

**Central Nervous System:**

**Bones:**

**Skin:**

**E.N.T:**

**Teeth:**

**Urine Analysis:**

**Stool Analysis:**

**X-ray:**

**RESULTS:**

**Head of the General Medical Committee:**