

HEALTH SCREENING REQUISITION FORM

Approved by: Government of Nepal, Ministry of Health & Population / National Public Health Laboratory / Ministry of Labour, Employment and Social Security

Date : ____ / ____ / ____

2 Copies
PP Size
Photo

TYPE OF MEDICAL:

Visa Health Screening Seafarer's Health Screening Pre-Employment Health Screening

Name: _____

Date of Birth: _____ Age/Sex: _____ Status: Married/Single

Address: _____ Contact No.: _____

PPNo.: _____ Date of Expiry ____ / ____ / ____

Type of Job Applied _____

Crew: New/Old Employee/CDC/ID/Sap No. _____ Position/Rank _____

Recruiting Company: _____

Manpower / Agency : _____

DOFE Lt. No.: _____ Vaccination: _____

Country (please specify): Poland / Russia / Canada / Cyprus / Israel / Jordan / China / Hongkong / Kuwait / UAE / Singapore / UK / Romania / Belarus / Japan / If Other _____

Special Instruction / Requirement (If any):

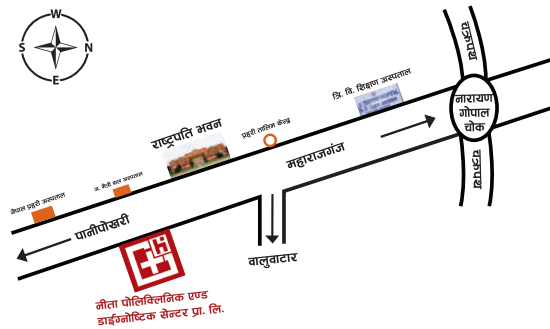
Recruiting Agency Stamp

Contact for Appointment

+977-1-4003006 / 7
+977-9801831095 / 96 / 97

Opening Hours

For new candidates :
from 9:30 am until 5 pm
For follow up :
from 11:30 am to 5 pm.



QR for Google Map

Candidate Copy

Registration Slip

Name: _____ Date of Examination : ____ / ____ / ____

TYPE OF MEDICAL: Visa Health Screening Seafarer's Health Screening Pre-Employment Health Screening

Recruiting Company: _____ Manpower / Agency : _____

Regd. No : _____ Paid Amount : _____

Clinic Stamp with Signature

Applicants must bear all fees, payable in cash or online. Reports will be ready on the third working day due to the 48-hour Tuberculin skin test. For report status: +977-9801831093 / 96.