Web: <u>www.swiftpassimmigration.com</u> Email: <u>info@swiftpassimmigration.com</u>

GE&Sales: +254712553768 Corporate: +254798900491 Emergency: +254794551814

Location: IPS bldg, 7th Flr, Unit 11, Kimathi Street - NBO, Kenya



Comprehensive Medical Examination Form

For International Job Applications

Date of Issue:	
Clina David	
• Client Name: • Passport Number: • Contact Number: • Email Address:	
Current Address:	

Purpose of Medical Examination

This medical examination is required as part of your international job application process with **SwiftPass Global**. The results of this examination will assist in determining your eligibility for International Jobs. Please ensure that all required tests are completed at an accredited medical facility and that the form is fully filled out by the attending medical officer.

Medical Tests to be Performed

Please ensure that all tests are conducted by a certified medical professional at a government-approved or recognized facility. For each test, the medical officer should provide the relevant results, remarks, and stamp/signature.

Test	Result	Remarks	Medical Officer's Stamp/Signature
General			
Physical			
Examination			
Tuberculosis			
(TB) Screening			
Chest X-Ray			
•			
Hepatitis B Testing			
Hepatitis C Testing			
Drug and			
Alcohol			
Screening			
Full Blood			
Count			
Biochemistry			
Panel			
Syphilis			
Testing			
Gonorrhea			
Testing			
Mental			
Health Screening			
COVID-19			
Vaccination			
Verified			
MMR			
Vaccination			
Verified			
DTP			
Vaccination			
Verified			
Polio			
Vaccination Verified			
vermea			

Medical Officer's Declaration

I hereby certify that the above tests have been conducted in accordance with the required medical guidelines. The results presented in this document are accurate to the best of my knowledge and based on the patient's examination.

 Medical Officer's Name: 	 _
• Position/Title:	
License Number:	
Hospital/Clinic Name:	
Hospital/Clinic Address:	_
Contact Number:	
Signature and Date	
Dignature and Date	
• Medical Officer's Signature:	
• Date:	
Official Stamp:	
ometar stamp.	

Submission Instructions

Once completed, please ensure the form is signed by the medical officer and stamped. The completed form should then be submitted to the client in a sealed envelope or sent directly to **SwiftPass Global** at:

Email Address: admin@swiftpassimmigration.com

Postal Address: 66555-00800

For any questions or further assistance, please contact us at **info@swiftpassimmigration.com** or via WhatsApp at +254798900491.