

**Form D: Medical Examination for Non-Immigrant Work Permit**



**Medical Examination for Non-Immigrant Work Permit  
Department of Immigration  
Ministry of Home and Cultural Affairs  
Royal Government of Bhutan**



**NOTES:**

1. This medical examination requirement is in line with Immigration Act of the Kingdom of Bhutan
2. All expenses for medical examination must be borne by the applicant
3. The laboratory tests and chest x-ray must be conducted only in authorized health/diagnostic centers in Bhutan
4. The Medical Certificate is valid for two years from the date of issue
5. Non-immigrant workers with valid work permit absent from Bhutan for 30 days or more shall be required to undergo re-entry medical test/s as deemed necessary by the immigration office
6. This form should not be used for prescribing medicines

<b>Part 1: Personal Information</b>		
<i>Name:</i>	<i>Passport No/Identity Card No./Voter Card No.</i>	<i>Nationality</i>
<i>Occupation:</i>	<i>Date of Birth/Age</i>	<i>Sex</i>
<i>Address in Bhutan(Employer's name and company)</i>		

<b>Part II: Medical History (to be declared and signed by the applicant in the presence of/or with assistance of medical or health professional Y= YES; N=NO)</b>							
Medical Condition	Y	N	If yes, provide brief details	Medical Condition	Y	N	If yes, provide brief details
Mental illness				Epilepsy			
Asthma/COPD				Diabetes Mellitus			
Hypertension				Tuberculosis			
Heart Disease				Kidney Disease			
Addiction to drugs or alcohol				Prolonged or repeated hospital admission			
Major Surgical Operations				Long-term medication			
Visual &Hearing Impairment				Pregnancy			

I declare that all the information given above is correct and true. I also understand that providing false or misleading information may result in refusal of my application and cancellation of any work permit/visa issued

Signature/Thumb print of the applicant.....  
Date.....

*Note: it is an offence under the Immigration Act of the Kingdom of Bhutan to make any false statement, representation or declaration.*

**Part III: Physical Examination ( to be conducted by the registered medical or health professionals)**

A. General	Normal	Abnormal	If abnormal, give brief details
Pulse Rate.....per minute			
Blood Pressure.....mmHg			
Conjunctiva (circle): Pallor/ Non-icteric/Others (Specify): .....			
Vision: R L			
Lymphadenopathy			
Pedal Oedema			
Visible Deformity			
<b>B. Systemic</b>			
Skin: Hypo Pigmented patch			
Cutaneous Nerve Enlargement			
Cardiovascular system			
Per Abdomen/ liver/spleen			
Hernia			
Mental State ( Sensory and Coordination)			
Respiratory System			

**Part IV: Laboratory tests and Chest X-Ray (to be conducted at authorized health/diagnostic centres in Bhutan.)**

*Note: Minimum standard to be met to perform X-Ray services in any of the POEs: Red brick wall of double brick thickness is the minimum requirement for occupational and radiation safety of all and radiation hazard-related PPE (personal protective equipment) should be worn at all times by the radio technicians.*

**2. Original lab. test results and chest X-ray must be attached for verification by certifying medical professional**

1.	Chest X-ray no. .... Date of X-ay..... Name of Health/Diagnostic centre: ..... Remarks/Report..... .....
2	Urine analysis: a) Albumin..... b) Sugar..... c) RBCs..... Name of Health/Diagnostic centre: .....Date of Test..... Remarks/Report..... .....
3.	Blood test: Date of Test..... Name of Health/Diagnostic Centre..... a) Syphilis Serology: Result.....b) Malaria Parasite: Result..... c) Hepatitis B: Result.....d) Hepatitis C: Result..... e) HIV: Result..... e) Random Blood Sugar (RBS): Result.....

**Part V: Drug test (to be conducted at authorized health/diagnostic centres in Bhutan)**

Name of Health/Diagnostic Centre..... Date of Test.....

- 1. Amphetamine (AMP): Result.....
- 2. Benzodiazepine (BZO): Result.....
- 3. Cocaine (CoC): Result.....
- 4. Ketamine (KET) Result.....
- 5. Methamphetamine (MET): Result.....
- 6. Methylenedioxy methamphetamine (MDMA): Result.....
- 7. Marijuana (THC): Result.....
- 8. Opiates (OPI): Result.....
- 9. Propoxyphene (PPX): Result.....
- 10. Tramadol (TRA): Result.....

**Part VI: Certification and Declaration (to be completed by an authorized medical professional)**

I certify that I have examined the applicant..... bearing passport/ID/voter card no.....and analysed his/her laboratory tests results and Chest X-ray report. I declare the applicant to be:

FIT

UNFIT\*

**Comments (if any) by the Examining Medical Or Health Professional**

**Examining Medical or Health Professional**

Name and Address:

BMHC Registration no.

Signature and Official seal:

**For Office Use Only**

**Fee (excludes laboratory and chest X-ray costs) Nu. ....**

**Receipt no.....**

**Note:** This form will be retained with the certifying health centre/facility and that the examine will be provided with a medical certificate to process for work permit

