

Doctor's Name: _____
Practice number: _____
Address: _____

To: Embassy of the state of Kuwait Pretoria

I the undersigned practitioner have examined (*patient full name*)
_____ **and according to the clinical reports,**
have found the following results:

Please mark with X below

Ailment	POSSITIVE	NEGATIVE
TB		
HIV		
Hep B		
Hep C		
Malaria		
Typhoid		

Doctor's Signature
