

MALAWI BUREAU OF STANDARDS

FOOD HANDLERS MEDICAL EXAMINATION FORM

PARASITOLOGY

NAME: SEX: M F AGE:

DEPT/CLIENT: DATE RECEIVED:

APPEARANCE OF STOOLS

Presence of:

- | | |
|---------------------|-----------------------|
| - Hard dry | - pus |
| - Firm well-formed | - mucus |
| - Soft | - blood stained mucus |
| - Semi liquid | - Fresh blood |
| - liquid and watery | - occult blood |

<p>MICROSCOPIC EXAMINATION</p> <p>Parasite.....</p> <p>Ova.....</p> <p>Cyst.....</p> <p>WBC.....</p> <p>RBC.....</p> <p>Others.....</p>	<p>STOOL CULTURE</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>URINE</p> <p>Appearance.....</p> <p>RBCs...../PHF.....</p> <p>WBCs...../PHF.....</p> <p>Epithelial cells.....</p> <p>Casts.....</p> <p>Crystals etc</p> <p>S Haematobium.....</p> <p>pH.....</p> <p>Albumin.....</p> <p>Glucose.....</p> <p>Ketones.....</p> <p>Blood.....</p>	<p>COMMENTS</p> <p>SIGN:</p> <p>DATE:</p>