

Kingdome of Bahrain
Ministry of Health
Health Centers Dirctorate
Bahrain Airport Clinic



مملكة البحرين
وزارة الصحة
إدارة المراكز الصحية
عيادة مطار البحرين

MINISTRY OF HEALTH

HEALTH CENTERS DIRECTORATE
BAHRAIN AIRPORT CLINIC

Case Investigation Form

NAME _____ AGE _____ SEX _____
NATIONALITY _____ CPR/PASSPORT NO. _____
ARRIVING FROM _____ FLIGHT NO. _____
DEPARTING TO _____ FLIGHT NO. _____
AIRLINE CONTACT NO. _____
TIME AMBULANCE CALLED _____ ARRIVED _____ LEFT _____

MEDICAL HISTORY / PATIENT DETAILS

INVESTIGATIONS DONE

TEMP. _____ BP _____ mmHg RBS _____ mmol/L
OTHERS _____

TREATMENT GIVEN

OTHER INFORMATION

STAFF NURSE NAME AND SIGNATURE