

APPLICATION FOR JAFZA CAMP ISOLATION WARD

Patient Details:

Name :		
Type of infection:	Mobile no :	Nationality :
Age :	Emirates ID / Valid ID :	
Gender :	Occupation :	

Company Details:

Name of the Company :		Name of the Reporting Personnel :	Designation of the Reporting personnel :
Company License no. :	Landline no : Mobile no :	Reporting Personnel - Email :	
P. O Box :	Fax no :	Location :	

Medical Details:

Medical Certificate <i>pls tick(√) appropriately</i> Yes: No:	Medical Test Results :	No. of isolation days advised by the doctor :
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