

http://www.dha.gov.ae/EN/Pages/default.aspx

Go to DHA Site

حكومة دبي
GOVERNMENT OF DUBAI

dubai.ae

HOME | CONTACT US | CAREERS | عربي

About Us | Sectors & Directorates | Facilities | Catalogue of Services | Media | Health Education



Select Health Services

eServices

eServices Categories

- Medical Fitness
- Health Services**
- Licensing Services
- Jobs at DHA

Emergency Numbers

Dubai Hospital	042195000
Rashid Hospital	042192000
Al Wasl Hospital	042193000
Customer Care	800342 (800DHA)

Map It

focused sites

PATIENT | INVESTORS | STUDENTS/RESEARCHERS | EMPLOYEES | PROFESSIONALS

NEWS

DHA Thalassaemia Centre Marks World Thalassaemia Day 2011

EVENTS

December 21

1st Genetic and Metabolic Conference

Feedback

Complains

Quick eServices Guide →

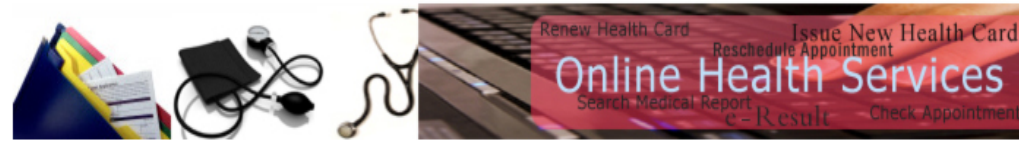


eServices

Online Health Services

eServices eServices Categories

- Medical Fitness
- Health Services
- Licensing Services
- Jobs at DHA



Contact Us
800342 (800DHA)
E-mail: ITHelpDesk@dha.gov.ae

Click Here

- Registration
- Create Health Card Number**
- Login
- Express Healthcard Renewal

// English / Catalogue of Services / eServices / Health Services

Health Services

Description

Online transactional service provide following services: issue new health card, health card renewal, setting upcoming appointment reminder, health card expiry reminder and online change of address. In Addition, provides renewal of health card for corporate employees

Login

Username:

Password:

LOGIN

Passport# *

Fax

Gender *

Date of Birth * DD/MM/YYYY DD/MM/YYYY

Mobile Ph# * Eg. 0501234567

Home Ph#

Nationality *

Visa# * Example Visa #: 201/2007/1234567 (or) 1234567/201/2007
Only Dubai Visa are allowed

Enter All The Details

Generate New

- Express HC
- Health Services Fees


This function helps creating Patient ID

Name	MUNIYAN SANMUGA PANDARAM
DOB	07/04/1975
Nationality	INDIA
Gender	Male
Passport #	G8652923
Mobile #	0506551020
Home Ph#	
Email	noora.thani@jafza.ae

Click Confirm

Confirm Back

Online Health Services



Renew Health Card
Issue New Health Card
Reschedule Appointment
Online Health Services
Search Medical Report
e-Result
Check Appointment

Medical Fitness
Health Services
Licensing Services
Jobs at DHA

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- ### Health Services
- Health Services Home
 - Health Services Login
 - Online Registration
 - Manual Registration
 - Express HC
 - Health Services Fees

Welcome Guest Login

DHA / Health Services / Create Patient ID

Healthcard Details

This function helps creating Patient ID

Patient ID : 61395773

Health Card Number Created

Patient ID is Successfully Generated. Now you can Register

Note : Kindly note Patient ID for Future Reference.



eServices

Online Health Services

Renew Health Card Issue New Health Card Reschedule Appointment
Search Medical Report e-Result Check Appointment

Select Medical Fitness

eServices

eServices Categories

- Medical Fitness
- Health Services
- Licensing Services
- Jobs at DHA

- Home
- User Registration
- Create Health Card Number
- Login
- Express Healthcard Renewal

// English / Catalogue of Services / eServices / Health Services

Health Services

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Contact Us

800342 (800DHA)
E-mail: ITHelpDesk@dha.gov.ae

Login

Username:

Password:

LOGIN

- Apply for Medical Fitness
- Payment Enquiry
- Reprint Form

1

Enter Health Card Job Selection Package Selection Payment Mode Payment Receipt

Instructions

- You need a health card number (either valid or temporary).
- If you have a health card but do not remember the number, please call Al Muhaisna Center at 04-5023939 asking for your number.
- If you do not have a health card, please visit e-Health Card site and apply for a temporary health card.
- To know more about the UAE cabinet decision No. 28 of 2010, please click for English version.

Enter Health Card Number

Health Card

Enter Health Card No.: *

Terms of Service: By clicking on 'I accept' below you are agreeing to the Refunding of Electronic Fees Paid by Customer policy.

(*) Required Field

* Name: MUNIYAN SANMUGA PANDARAM

* Age: 07/04/1975 DD/MM/YYYY or YYYY

* Gender: M

* Nationality: INDIA

* Job: ORDINARY LABOUR -

* Passport No. G8652923 Hint..

* Residency/ Entry Permit No. 7000999/201/2009 Hint..

* Land Line No. 048010791 with area code 0xxxxxxxx

* Mobile No. 0506551020 05[0/5/6]xxxxxxxx

* Sponsor Name: Jebel Ali Free Zone Hint..

* Sponsor Address: P.O.Box 17000 Dubai Hint..

Fill the Balance Details

(* All Fields Required) Previous Next

* Name: MUNIYAN SANMUGA PANDARAM

* Age: 07/04/1975 DD/MM/YYYY or YYYY

* Gender: M

* Nationality: INDIA

* Job: ODINARY LABOUR -

* Passport No. G8652923 Hint..

* Residency/ Entry Permit No. 7000999/201/2009 Hint..

* Land Line No. 048010791 with area code 0xxxxxxxx

* Mobile No. 0506551020 05[0/5/6]xxxxxx

* Sponsor Name: Jebel Ali Free Zone Hint..

* Sponsor Address: P.O.Box 17000 Dubai

(* All Fields Required)

Previous Next

Select Next

Reprint Form

3

Enter Health Card Job Selection **Package Selection** Payment Mode Payment Receipt

Package Selection

Note: Please select the available package from the below list (based on the information provided by you).

Visa Type: * New Renew

Urgency Category: * Normal Urgent (48 hrs) Urgent (24 hrs) VIP

Package Type: *
Labor, Admin, Clerk, Seceretary, etc.
260 AED.

(*) All Fields Required

Select As Per Priority

Select Others

Welcome MUNIYAN SANMUGA PANDARAM Health Card: 61395773

Medical Fitness Application

4

Enter Health Card Job Selection Package Selection **Payment Mode** Payment Receipt

Review / Payment Mode

1. Please check the detail below
2. Select payment option and click Next to proceed.

- * Health Card: 61395773
- * Name: MUNIYAN SANMUGA PANDARAM
- * Age: 07/04/1975
- * Gender: M
- * Nationality: INDIA
- * Job: ODINARY LABOUR

- * Nationality: INDIA
- * Job: ODINARY LABOUR
- * Passport No. G8652923
- * Residency/ Entry Permit No. 7000999/201/2009
- * Phone No. 048010791
- * Mobile No. 0506551020
- * Sponsor Name: Jebel Ali Free Zone
- * Sponsor Address: P.O.Box 17000 Dubai
- * Total Amount: **Others Package - Dhs. 260**
- * Payment Option:
 Credit Card, E-Dirham & Direct Debit **Corporate**

*Corporate option is only applicable to corporates registered with DHA, for other's the application will be rejected.

(*) Required Field

Previous Next Cancel

**Payment Mode
Always Select
Corporate**

Payment Enquiry

Reprint Form

6

Enter Health Card Job Selection Package Selection Payment Mode Payment **Receipt**

Receipt / Reference No.

Your DHA reference number is **3025149**. Please note it down as you will need it to process your request at one of DHA PHC centers.

The fee is Dhs. **260**

Required Documents:

- Registration Form (click Print Form button) or Reference Number or Health Card Number
- Original passport or an identification card (mandatory)
- Clear passport copy (faxed copy is not acceptable)
- Two (2) passport size recent photographs with white background (less than 3 months)
- Current active telephone number
- License application form if you applying for Jet Skis test OR residence permit copy if you applying visa renewal.
- Applicant's presence

Print Form ← **Click Print Form**

طلب فحص اللياقة الطبية
 Medical Fitness Request



Date: [9-5-2011 18 :5:5] التاريخ:

**Print Form
 and Submit
 with other
 Documents**

Dear Customer,

Thank you for using DHA Online Medical Fitness Request Service. Your request has been submitted with the following details:

Health Card		البطاقة الصحية
Name	61395773	الاسم
Request Type	MUNIYAN SANMUGA PANDARAM	نوع الطلب
Payment Method	Others - DHS.260 CASH	طريقة الدفع

* Please note the Request Reference Number or Health Card Number for any enquiries about your