

**Royal Embassy of Saudi Arab**

**M E D I C A L   R E P O R T**



NAME: \_\_\_\_\_  
 SEX:..... AGE:.....STATUS:..... NATIONALITY:.....  
 PASSPORT NO:.....PLACE & DATE OF ISSUE:.....  
 POSITION APPLIED FOR:.....

DEAR SIR:  
 PLEASE ARRANGE TO EXMINE THE ABOVE MENTIONED CANDI  
 WHETHER HE/SHE IS FIT FOR ABOVE MENTIONED POSITION.

DATE: \_\_\_\_\_ RECRUITMENT ATTACHE

**HISTORY OF ANY SIGNIFICANT PAST ILLNESS INCLUDING:**

1. PSYCHIATRIC AND NEUROLOGICAL DISORDERS (EPILEPSY, DEPRESSION ...)
  2. ALLERGY
- .....  
 .....

MEDICAL EXAMINATION		
TYPE OF MEDICAL EXAM:	RESULTS	
EYE	VISION	R. EYE
		L. EYE
	OTHERS	R. EYE
		L. EYE
EAR	R. EAR	
	L. EAR	
CHEST X RAY		
<b>SYSTEMIC EXAMINATION</b>		
- BLOOD PRESSURE		
- HEART		
- LUNGS		
- ABDOMEN		
- OTHERS:	* HERNIA	
	* VARICOSE VEINS	
- EXTREMITIES		
- SKIN		
<b>VENEREAL DISEASES</b>		
- CLINICAL		
- LAB	VDRL	
	TPHA	

LABORATORY INVESTIGATIONS	
TYPE OF LAB. INVES:	RESULTS
<b>URINE</b>	
- SUGAR	
- ALBUMIN	
- BILHARZIASIS	
- OTHERS	
<b>STOOL</b>	
- HELMINTHES	
- BILHARZIASIS	
- SALMONELLA/SHIGELLA	
- V. CHOLERA	
- OTHERS	
<b>BLOOD</b>	
- HEMOGLOBIN	
- MALARIA FILM	
- OTHERS	
<b>SEROLOGY</b>	
- HIV TEST	
- F. B. S.	
- HBsAg /Anti HCV	
- L. F. T.	
- CREATININE	
- UREA	
<b>PREGNANCY TEST</b>	

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- Notes about medical and laboratory investigations

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.....  
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Dear Sir,

Mentioned above is the medical report for Mr. / Mrs.

Miss.....

He / She is

fit ( )

for the above mentioned job

Unfit ( )

Stamp

Chief Physician

Name: .....

Signature: .....

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- (1) Stamp of the recruitment attaché on the photo and application.
  - (2) Chest: Free of pathological changes.
  - (3) HIV for countries required.
  - (4) To be fit all medical examination and laboratory investigations should be within normal limits.

The medical report and x-ray should be submitted to the health authorities in Saudi Arabia.

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