ROYAL EMBASSY OF SAUDI ARABIA IN AUSTRALIA

PHOTO (1) *Ensure photo is attached here. Signed and stamped across the front by your doctor.	**MEDICAL REPORT** Name: _____ Sex: ____ Age ____ Status _____ Nationality: _____ Passport No. _____ Place & date of issue _____ Position applied for: _____ Dear Sir, Please arrange to examine the above mentioned candidate 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

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MEDICAL EXAMINATION		
Type of medical exam:		Results
Eye	- vision R eye	
	- vision L eye	
	- others R eye	
	- others L eye	
Ear	R. Ear	
	L. Ear	
Chest X – Ray (2)		
SYSTEMIC EXAMINATION		
- Blood Pressure		
- Heart		
- Lungs		
- Abdomen		
OTHERS		
* Hernia		
* Varicose veins		
- Extremities		
- Skin		
VENEREAL DISEASES		
- Clinical		
- Lab	VDRL	
	TPHA	

LAB INVESTIGATIONS	
Type of Lab Inves:	Results
URINE	
- Sugar	
- Albumin	
- Bilharziasis	
- Others	
STOOL	
- Helminthes	
- Bilharziasis	
- Salmonella/Shigella	
- V Cholera	
- Others	
BLOOD	
- Haemoglobin	
- Malaria Film	
- Others	
SEROLOGY	
- HIV Test	
- F B C	
- HbsAg-Anti HCV	
- L F T	
- Creatinine	
- Urea	
PREGNANCY TEST	

THE ABOVE IS A MEDICAL REPORT FOR: _____

☐ HE/SHE IS **FIT** FOR EMPLOYMENT
☐ HE/SHE IS **NOT FIT** FOR EMPLOYMENT

PHYSICIANS SIGNATURE: _____
PHYSICIANS NAME (PRINT): _____

THIS IS TO CERTIFY THAT THE

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(Name of Medical Board)

RECOGNISES DR .....

REGISTRATION NO: .....

AND THAT HE IS QUALIFIED TO PERFORM THE MEDICAL EXAMINATION OF THE PERSON NAMED ON THE FORM

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(Signature)

Seal of Medical Board

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(Date)