

**ROYAL EMBASSY OF SAUDI ARABIA IN AUSTRALIA**

	<b>MEDICAL REPORT</b>	
<p align="center"><b>PHOTO (1)</b></p> <p>*Ensure photo is attached here. Signed and stamped across the front by your doctor.</p>	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
- .....
- .....

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

<b>LAB INVESTIGATIONS</b>	
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>	
- Haemoglobin	
- Malaria Film	
- Others	
<b>SEROLOGY</b>	
- HIV Test	
- F B C	
- HbsAg-Anti HCV	
- L F T	
- Creatinine	
- Urea	
<b>PREGNANCY TEST</b>	



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**

.....  
(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**

.....  
(Signature)

Seal of Medical  
Board

.....  
(Date)