

ROYAL EMBASSY OF SAUDI ARABIA STOCKHOLM

M E D I C A L R E P O R T

PHOTO

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			LABORATORY INVESTIGATIONS	
TYPE OF MEDICAL EXAM:		RESULTS	TYPE OF LAB. INVES:	RESULTS
EYE	VISION	R. EYE	URINE	
		L. EYE	- SUGAR	
	OTHERS	R. EYE	- ALBUMIN	
		L. EYE		
EAR		R. EAR	- BILHARZIASIS	
		L. EAR	- OTHERS	
CHEST X RAY			STOOL	
SYSTEMIC EXAMINATION			- HELMINTHES	
- BLOOD PRESSURE			- BILHARZIASIS	
- HEART			- SALMONELLA/SHIGELLA	
- LUNGS			- V. CHOLERA	
- ABDOMEN			- OTHERS	
- OTHERS:	* HERNIA		BLOOD	
	* VARICOSE VEINS		- HEMOGLOBIN	
- EXTREMITIES			- MALARIA FILM	
- SKIN			- OTHERS	
VENEREAL DISEASES			SEROLOGY	
- CLINICAL			- HIV TEST	
- LAB	VDRL		- F. B. S.	
	TPHA		- HBsAg /Anti HCV	
			- L. F. T.	
			- CREATININE	
			- UREA	
			PREGNANCY TEST	

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- Notes about medical and laboratory investigations

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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:

(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.