

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

Royal Embassy of
Saudi Arabia
London



مملكة العربية السعودية

لندن

MEDICAL REPORT

PHOTO	NAME:
	PASSPORT NO.:
	POSITION APPLIED FOR:

PAST MEDICAL HISTORY

A). Venereal Disease-----

B). Any Significant Illness-----

LEFT EAR:
RIGHT EAR:
LEFT EYE:
RIGHT EYE:
SURGERY:
CXR:
LIVER a) LFT
b) Vaccines
BILHARZIA:
TB:
MALARIA:
DM (Urine Analysis):
BP:
SEROLOGY VDRL / TPHA:
HIV ANTIBODY:
PREGNANCY (if applicable):
ANTI HBe:
ANTI HBs:
ANTI Hbc
TOTAL
IgG
IgM
HbcAg
HCAb
OTHER DISEASE:

The above person is: Fit for employment NOT fit for employment

Physician:
Address:
Signature: Dated:

Official Seal of Physician / Practice or Hospital.