

*Royal Embassy o;*

*Saudi Arabia*

*London*

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MEDICAL REPORT





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| PHOTO | NAME: |
| PASSPORT NO. |
| POSITION APPLIED FOR: |

PAST MEDICAL HISTORY

A):Venereal Disease-----

B).Any Significant Illness

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| LEFT EAR: |
| RIGHT EAR: |
| IEFT 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: |
| A NTI HBs |
| ANTI HBc TOTAL |
| IgG |
| IgM |
| HbcAg |
| HCAt |
| OTHER DISEASE: |
| The above person is:Fit for employment  NOT fit for employment |
| Physician: |
| Address: |
| Signature Dated: |

Official Seal of Pbysician/Practice or Hospital.