



Completing Your Saudi Medical Report

Instructions and information on obtaining your Saudi Medical Report.

Patient/Client Instructions:

- Take the Medical report form found after this page to any licensed U.S.-based physician and provide this cover sheet to assist them with completing the form.
- Your application will need 3 copies of the completed medical report (1 original and two copies) and 2 copies of the lab results as provided by your physician.

Physician Instructions:

- You must place a check mark in either the “Positive” or “Negative” columns for each exam on the medical report. Blank fields on the form are considered incomplete and will be rejected by the embassy.
- You must sign, date and give your license number at the bottom of the medical report in the signature block.
- Next to the signature, there is a space for a “stamp.” This is where your office’s stamp must be placed. Forms without a stamp are considered incomplete and will be rejected by the embassy.
- The chest exam results must be typed on a separate sheet of paper.
- All of the following lab results **must** be included:
 - HIV
 - Stool
 - Hep A (**not listed on the form, but this lab is required**)
 - Hep B
 - Hep C
 - Chest Exam
 - TB
 - Monkey Pox
- In case of positive results for Hep A, B or C, you must provide a letter explaining the positive results, and that the patient/client is not infectious, symptomatic, or contagious.

Please note that all Medical Reports and lab results are valid for 3 months (90 days) from the date it was completed.



MEDICAL REPORT

PHOTO

NAME: _____

NATIONALITY: _____	SEX: _____	AGE: _____	MARITAL STATUS: _____
PASSPORT NO: _____	ISSUE PLACE: _____	ISSUE DATE: _____	
POSITION APPLIED FOR: _____			

DEAR SIR / MADAM
PLEASE, ARRANGE TO EXAMINE THE ABOVE MENTIONED CANDIDATE AS TO HIS/HER FITNESS FOR THE ABOVE MENTIONED POSITION.

DATE ___/___/___ RECRUITMENT ATTACHE/OR DOCTOR: _____

HISTORY OF ANY SIGNIFICANT PAST ILLNESS INCLUDING:

- PSYCHIATRIC AND NEUROLOGICAL DISORDERS (EPILEPSY, DEPRESSION...)
- ALLERGY

MEDICAL EXAMINATION				LABORATORY INVESTIGATION		
TYPE OF MEDICAL EXAMINATION		NEGATIVE\ NORMAL	POSITIVE\ ABNORMAL	TYPE OF LABORATORY INVESTIGATION	NEGATIVE\ NORMAL	POSITIVE\ ABNORMAL
VISION				(URINE)		
	R. EYE					- SUGAR
	L. EYE					- ALBUMIN
EYE	OTHER					- BILHARZIASIS
	R. EYE					- OTHER
	L. EYE					
EAR	R. EAR			(STOOL)		
	L. EAR					- HELMINTHES
CHEST X - RAY						- SALMONELLA/SHIGELLA
PULMONARY TUBERCULOSIS						- V.CHOLERA
(SYSTEMIC EXAMINATION)						- OTHER
BLOOD PRESSURE				(BLOOD)		
HEART						- HEMOGLOBIN
LUNGS						- MALARIA FILM
ABDOMEN						- OTHERS
(OTHERS)				(SEROLOGY)		
*HERNIA						- HIV TEST
*VARICOSE VEINS						
EXTREMITIES						- F. B. S.
SKIN						- HBSAG/ANTI HCV
(VENEREAL DISEASES)						- L. F. T.
- CLINICAL						- CREATININE
- LAB						- UREA
VDRL						
TPHA				PREGNANCY TEST		

CONFIRM IF THE APPLICATION HAS ONE OF THE FOLLOWING:	NO	YES
COMMUNICABLE DISEASES		
MENTAL DISORDER		
MENTAL RETARDATION		
PHYSICAL DISORDERS		
HANDICAP		
PARALYSIS		
BLINDNESS		
HEARING DISORDER		
SPEECH DISORDER		

MENTIONED ABOVE IS THE MEDICAL REPORT FOR MR / MRS / MISS _____, WHO IS
 FIT UNFIT FOR THE ABOVE MENTIONED JOB.
 - TO BE FIT, ALL MEDICAL EXAMINATIONS AND LABORATORY INVESTIGATIONS MUST BE WITHIN NORMAL LIMITS. IN THE EVENT OF AN ABNORMAL/POSITIVE RESULT, A TYPEWRITTEN LETTER SIGNED BY THE PHYSICIAN STATING THE CONDITION AND ANY TREATMENT IMPLEMENTED. THIS LETTER SHOULD ALSO INDICATE WHETHER THIS CONDITION OR TREATMENT WILL HAVE ANY EFFECT ON THE APPLICANT'S WORK.

PHYSICIAN NAME: _____ SIGNATURE: _____
 LICENSE NUMBER: _____ STAMP: _____

THIS FORM MUST BE ATTESTED BY ONE OF THE TWO FOLLOWING AUTHORITIES:

THIS IS TO CERTIFY THAT DR. _____ LICENSE NUMBER: _____, IS CURRENTLY LICENSED TO PRACTICE MEDICINE. AUTHORIZED SIGNATURE : _____ (1)	DEPARTMENT OF HEALTH (2)
STAMP OR SEAL OF THE STATE AUTHORITY (COLLEGE OF PHYSICIANS)	