

# ROYAL EMBASSY OF SAUDI ARABIA IN PARIS

## MEDICAL REPORT

Name :

Sex : ..... Age : ..... Status : ..... Nationality : ,.....

Passport n° : ..... Place & date of issue : .....

Position applied for : .....

Dear Sir :

Please arrange to examine the above mentioned candidat whether he/she is  
fit for above mentioned position,

Date :

Recrutment Attache

History of any significant past illness including :

1 - Psychiatric and neurological disorders (Epilepsy, depression,,)

2 - Allergy

### MEDICAL EXAMINATION

TYPE OF MEDICAL EXAM.	RESULTS
<b>EYE</b>	
-Vision _____ R.Eye	
_____ L.Eye	
-Others _____ R.Eye	
_____ L.Eye	
<b>EAR</b>	
_____ R.Ear	
_____ L.Ear	
<b>CHEST X RAY (2)</b>	
<b>SYSTEMIC EXAMINATION</b>	
-Blood Pressure	
-Heart	
-Lungs	
-Abdomen	
<b>OTHERS</b>	
* Hernia	
* Varicose veins	
-Extremities	
-Skin	
<b>VENERAL DISEASES</b>	
-Clinical	
-Lab _____ VDRL	
_____ THPA	

### LABORATORY INVESTIGATIONS

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 (3)	
-F.B.S	
-HBsAg/Anti HCV	
-L.F.T	
-Creatine	
-Urea	
<b>PREGNANCY TEST</b>	

Notes about medical and laboratory investigations

.....  
.....  
.....

Dear Sir,

Mentioned above is the medical report for

Mr/Mrs/Miss.....

He / She is fit (4)

For the above mentioned job

Chef physician

Stamp

Name: .....

Signature: .....

- 
- (1) Stamp of the recruitment attaché on the photo application
  - (2) Chest : free of the pathological changes
  - (3) HIV for countries required
  - (4) To be fit all 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.

Je soussigné Docteur,

certifie que Madame / Monsieur

ne présente pas de signes de tuberculose cliniquement et radiologiquement décelables.

En foi de quoi, j'ai délivré le présent certificat pour servir et valoir ce que de droit.

PARIS, LE

Je soussigné Docteur,

certifie que Madame / Monsieur

est en état de bonne santé apparente et, en particulier, n'est atteint d'aucune maladie

contagieuse (particulièrement d'hépatite B ou C) cintre indiquant son séjour en

ARABIE SAOUDITE.

En foi de quoi, j'ai délivré le présent certificat pour servir et valoir ce que de droit.

PARIS, LE