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|  | | |  | | --- | | 25557_SaudiLogo.jpg |   سفارة المملكة العربية السعودية – دبلن  EMBASSY OF THE KINGDOM OF SAUDI ARABIA – DUBLIN  MEDICAL REPORT | |  | |
| NAME: | | PHOTO | |
| PASSPORT NO.: | |
| POSITION APPLIED FOR: | |

PAST MEDICAL HISTORY

1. Venereal Disease ……………………………………………………………………………..
2. Any Significant Illness ……………………………………………………………………….

|  |
| --- |
| LEFT EAR: |
| RIGHT EAR: |
| LEFT EYE: |
| RIGHT EYE: |
| SURGERY: |
| CXR: |
| LIVER a) LEFT |
| b) Vaccines: |
| BILHARZIA: |
| TB: |
| MALARIA: |
| DM (Urine Analysis) : |
| BP: |
| SEROLOGYVDRL / TPHA: |
| HIV ANTIBODY: |
| PREGNANCY (if applicable) : |
| ANTI HBe : |
| ANTI HBs : |
| ANTI HBc : TOTAL |
| 1 gG |
| 1 gG |
| 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 Irish Department of Foreign Affairs Attestation