

Saudi Arabian Trade Office-Taipei

M E D I C A L R E P O R T

PHOTO

NAME:
 SEX:..... AGE:..... STATUS:..... NATIONALITY:.....
 PASSPORT NO:..... PLACE & DATE OF ISSUE:.....
 POSITION APPLIED FOR:.....

DEAR SIR:
 PLEASE ARRANGE TO EXMINE THE ABOVE MENTIONED CANDI
 WHETHER HE/SHE IS FIT FOR ABOVE MENTIONED POSITION.

DATE: _____ RECRUITMENT ATTACHE

HISTORY OF ANY SIGNIFICANT PAST ILLNESS INCLUDING:

1. PSYCHIATRIC AND NEUROLOGICAL DISORDERS (EPILEPSY, DEPRESSION ...)
2. ALLERGY
3. Monekeypox symptoms within the past (21)days:.....

MEDICAL EXAMINATION		LABORATORY INVESTIGATIONS	
TYPE OF MEDICAL EXAM:		TYPE OF LAB. INVES:	
RESULTS		RESULTS	
EYE	VISION	R. EYE	
		L. EYE	
	OTHERS	R. EYE	
		L. EYE	
EAR	R. EAR		
	L. EAR		
CHEST X RAY			
SYSTEMIC EXAMINATION			
- BLOOD PRESSURE			
- HEART			
- LUNGS			
- ABDOMEN			
- OTHERS:	* HERNIA		
	* VARICOSE VEINS		
- EXTREMITIES			
- SKIN			
VENEREAL DISEASES			
- CLINICAL			
- LAB	VDRL		
	TPHA		
		URINE	
		- SUGAR	
		- ALBUMIN	
		- BILHARZIASIS	
		- OTHERS	
		STOOL	
		- HELMINTHES	
		- BILHARZIASIS	
		- SALMONELLA/SHIGELLA	
		- V. CHOLERA	
		- OTHERS	
		BLOOD	
		- HEMOGLOBIN	
		- MALARJA FILM	
		- OTHERS	
SEROLOGY			
		- HIV TEST	
		- F. B. S.	
		- HBsAg /Anti HCV	
		- L. F. T.	
		- CREATININE	
		- UREA	
		PREGNANCY TEST	