

# VIP PASSPORT SERVICES, INC.

2012 Louisiana Street  
Houston, Texas 77002  
713-659-8472 1-800-856-8472 Fax 713-659-3767  
Website: [www.vippassports.com](http://www.vippassports.com) Email: [vipinfo@vippassports.com](mailto:vipinfo@vippassports.com)



## ATTENTION:

THE SAUDI CONSULATE HAS VERY SPECIFIC GUIDELINES FOR EACH TYPE OF VISA THEY OFFER. TO ENSURE THAT WE ARE ABLE TO PROVIDE THE MOST ACCURATE INFORMATION AND ASSISTANCE, IF IN DOUBT AS TO WHAT TYPE OF VISA TO SELECT, PLEASE FORWARD A COPY OF THE APPROVAL/ADVISE SLIP RECEIVED FROM SAUDI ARABIA TO OUR OFFICE BY EMAIL OR FAX SO THAT WE CAN VERIFY WHAT TYPE OF VISA IS BEING REQUESTED AND SO THAT WE CAN BE SURE WE PROVIDE THE CORRECT LIST OF INSTRUCTION.

THE MOST COMMON VISAS ISSUED BY THE SAUDI ARABIA EMBASSY/CONSULATE ARE AS FOLLOWS:

TYPE OF VISA	ARABIC TRANSLATION	DESCRIPTION
BUSINESS ("COMMERCIAL")	زيارة تجارية	SHORT TERM VISA ISSUED TO BUSINESSMEN, INVESTORS, REPRESENTATIVES OF U.S. COMPANIES, MANAGERS, SALES REPRESENTATIVES, ETC. NO EMPLOYMENT PERMITTED.
WORKING VISIT VISA	زيارة عمل	SHORT TERM VISA FOR TEMPORARY WORK PURPOSES, TYPICALLY NON-BUSINESS.
FAMILY VISIT VISA	زيارة عائلة	SHORT TERM VISA ISSUED TO FAMILY MEMBERS OF THE EMPLOYMENT VISA HOLDER WHO WILL BE WORKING IN OR ALREADY RESIDES IN SAUDI ARABIA. DOES NOT PERMIT APPLICANT TO RESIDE IN SAUDI OR HOLD EMPLOYMENT.
EMPLOYMENT/WORK VISA (BLOCK)	عمل	LONG-TERM VISA ISSUED FOR EMPLOYMENT BY SAUDI ARABIAN COMPANY.
RESIDENT VISA	إقامة	LONG-TERM VISA ISSUED TO FAMILY MEMBERS OF THE EMPLOYMENT VISA HOLDER WHO WILL BE WORKING IN OR ALREADY RESIDES IN SAUDI ARABIA. DOES NOT PERMIT APPLICANT TO WORK IN SAUDI.
GOVERNMENT VISIT VISA	زيارة حكومية	SHORT TERM VISA ISSUED WITH APPROVAL DIRECTLY FROM THE GOVERNMENT. NO VISA FEE, VISA REQUIREMENTS SIMILAR TO "BUSINESS" VISA.

**\*\*\*DO NOT MARK YOUR APPLICATION AS "BUSINESSMEN"! THIS WILL CAUSE A DELAY IN PROCESSING\*\*\***

VERIFYING THE TYPE OF VISA REQUESTED WILL HELP ENSURE THERE ARE NO DELAYS IN PROCESSING, SO IF YOU HAVE ANY QUESTIONS OR CONCERNS ABOUT THE TYPE OF VISA YOU WILL NEED, PLEASE CONTACT OUR OFFICE FOR FURTHER GUIDANCE.

*Specializing in Visas, Passports, Document Legalization and Translations*

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## WORK ORDER REQUEST FORM

### TRAVELER INFO

TRAVELER NAME

TRAVELER DATE OF BIRTH

DATE OF U.S. DEPARTURE

DATE PASSPORT IS NEEDED

VIP FILE LOCATOR NUMBER

**DON'T FORGET**  
TO FAX OR EMAIL  
YOUR DOCUMENTS TO  
OUR OFFICE FOR OUR  
COMPLIMENTARY  
PASSPORT/VISA  
PRE-CHECK!

### BILLING INFORMATION (CHECK BOX IF SAME AS SHIPPING)

CONTACT & COMPANY NAME

ADDRESS (STREET, CITY, STATE, ZIP)

PHONE NUMBER

CELL NUMBER

FAX NUMBER

EMAIL

P.O. OR BILLING REF#:

### RETURN SHIPPING INFORMATION (CHECK BOX TO WAIVE SIGNATURE)

CONTACT & COMPANY NAME

ADDRESS (STREET, CITY, STATE, ZIP)

PHONE NUMBER

CELL NUMBER

FAX NUMBER

EMAIL

### METHOD OF PAYMENT

CREDIT CARD

CARD NUMBER

EXP. DATE

CVV CODE

SIGNATURE OF CARD HOLDER

AUTH. AMOUNT \$\_\_\_\_\_

MONEY ORDER

CASHIER'S CHECK

COMPANY CHECK

SPECIAL INSTRUCTIONS: \_\_\_\_\_

SPECIALIZING IN VISAS, PASSPORTS, DOCUMENT TRANSLATIONS & LEGALIZATIONS

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## SAUDI ARABIA WORK (BLOCK) VISA

U.S. PASSPORT HOLDER

### DOCUMENTS REQUIRED

**PLEASE FORWARD THIS SHEET AND ALL THE REQUIREMENTS TO THE ADDRESS LISTED ABOVE**

VALID PASSPORT:	1	APPLICATION (S):	1
PASSPORT TYPE PHOTO (S):	5	RELEASE LETTER:	1
EMPLOYMENT CONTRACT:	1	DECLARATION:	1
BACKGROUND CHECK:	1	KSA CERT OF REGISTRATION:	1
QUALIFICATION CREDENTIALS:	1	VISA ADVICE SLIP:	1
LETTER OF SPONSORSHIP:	1	MEDICAL & LAB REPORT:	1

OTHER: SEE NEXT PAGES FOR MORE DETAILED INSTRUCTIONS.

### PROCESSING FEES

(PER APPLICANT)

VIP SERVICE FEE: (REGULAR PROCESS)	\$95.00
ONLINE APPLICATION FEE (SEE NEXT PAGES):	\$10.50
VIP ONLINE APPLICATION REGISTRATION FEE (SEE NEXT PAGES):	\$50.00
MONEY ORDER:	\$6.00
<input type="checkbox"/> TALENTWISE BACKGROUND CHECK: (HOUSTON CONSULATE ONLY)	_____
<input type="checkbox"/> SPECIAL HANDLING FEE: (RUSH PROCESS - 4 DAYS OR LESS)	_____
OTHER FEES: (NY OR CA SPECIAL HANDLING - WHEN APPLICABLE)	_____
RETURN SHIPPING FEE:	_____
TOTAL: (NO PERSONAL CHECKS PLEASE)	_____

RETURN SHIPPING FEES (SELECT ONE)	
<input type="checkbox"/> PRIORITY OVERNIGHT	\$35.00
<input type="checkbox"/> 2-DAY LETTER	\$27.50
<input type="checkbox"/> 3-DAY LETTER	\$22.50
<input type="checkbox"/> SATURDAY LETTER	\$49.00
<input type="checkbox"/> 1 <sup>ST</sup> OVERNIGHT LETTER	\$85.00

REGULAR PROCESS TIME:	<b>5 TO 7 DAYS</b>
PLEASE MARK THE APPROPRIATE BOX IF YOU NEED VIP TO REQUEST TO HAVE THE VISA ISSUED IN LESS THAN 5 DAYS FROM THE DAY THAT WE SUBMIT YOUR APPLICATION (\$50.00 SPECIAL HANDLING).	

COMMENTS: IF YOU WOULD LIKE TO HAVE YOUR REQUEST SUBMITTED THE SAME DAY IT IS RECEIVED, PLEASE SEND THE DOCUMENTS FOR EARLY MORNING DELIVERY BY NO LATER THAN 8:00A.M.

REVISED 11-15-2018 JENN

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## SAUDI ARABIA WORK (BLOCK) VISA

PLEASE SUBMIT THE FOLLOWING DOCUMENTS:

- 1.) **SIGNED U.S. PASSPORT**
  - MUST BE VALID FOR THE LENGTH OF THE EMPLOYMENT CONTRACT
  - MUST HAVE TWO SIDE BY SIDE BLANK VISA PAGES
- 2.) **FIVE PASSPORT-TYPE PHOTOGRAPHS (2x2)**
  - TAKEN WITHIN THE LAST 6 MONTHS
  - WHITE BACKGROUND
  - DARK SHIRT (TO SHOW CONTRAST)
- 3.) **ONE COMPLETED APPLICATION** (IF THE HARD COPY OF THE APPLICATION IS NOT COMPLETED IN ITS ENTIRETY, IT COULD CAUSE A DELAY IN THE VISA PROCESS) **THE CONSULATE WILL NOT ACCEPT ANY APPLICATIONS WITH WHITE-OUT OR OTHER HAND-MADE CORRECTIONS. PLEASE BE SURE TO USE OUR TIPS ON COMPLETING THE APPLICATION TO HELP ENSURE THERE ARE NO DELAYS IN SUBMISSION AND/OR PROCESSING. PLEASE REFER TO THE NEXT PAGES FOR THE APPLICABLE FORMS FOR EACH EMBASSY/CONSULATE LOCATION.**
- 4.) **SIGNED DECLARATION** (PAGE 1 OF THE APPLICATION)
- 5.) **\*\*COPY OF THE ONLINE CONFIRMATION**- DUE TO THE **EXTREME SENSITIVITY OF THE CONSULATE AS TO HOW THE ONLINE APPLICATION IS COMPLETED, VIP WILL COMPLETE THIS PROCESS ON THE APPLICANT'S BEHALF (ADDITIONAL \$50.00 SERVICE FEE IN ADDITION TO THE \$10.50 ONLINE APPLICATION FEE)**
- 6.) **VISA ADVICE SLIP** - THE COPY OF THE OFFICIAL BLOCK VISA ADVICE SLIP SHOWING THE AVAILABLE POSITIONS TO BE FILLED ON THE BLOCK (ISSUED BY THE MINISTRY OF FOREIGN AFFAIRS IN SAUDI).
- 7.) **THE ORIGINAL EMPLOYMENT CONTRACT** FROM THE SPONSORING COMPANY IN SAUDI ARABIA THAT HAS BEEN STAMPED BY THE CHAMBER OF COMMERCE AND BY THE MINISTRY OF FOREIGN AFFAIRS AND SIGNED BY BOTH PARTIES. THE POSITION MENTIONED IN THE CONTRACT SHOULD MATCH THE POSITION MENTIONED IN THE BLOCK VISA ADVICE SLIP
- 8.) **COPY OF COMPANY REGISTRATION CERTIFICATE OF INVITING COMPANY**  
(IN SAUDI ARABIA)
- 9.) **RELEASE LETTER** - AUTHORIZES RELEASE OF THE PASSPORT TO VIP ONCE THE VISA HAS BEEN ISSUED
- 10.) **QUALIFICATION CREDENTIALS** -THE CONSULATE/EMBASSY WILL REQUIRE THAT YOU SUBMIT CERTIFIED COPIES OF YOUR CREDENTIALS SHOWING YOU ARE QUALIFIED TO ACCEPT THE POSITION AS LISTED IN YOUR CONTRACT. YOU WILL NEED TO SUBMIT THE FOLLOWING DOCUMENTS:
  - IF YOU HAVE ACCEPTED A DEGREED POSITION YOU WILL NEED TO SUBMIT A COPY OF YOUR COLLEGE DEGREE OR DIPLOMA THAT HAS BEEN AUTHENTICATED/CERTIFIED BY THE SAUDI ARABIAN CULTURAL MISSION-IF YOU WOULD LIKE FOR VIP TO ARRANGE FOR YOUR DEGREE TO BE AUTHENTICATED/CERTIFIED BY THE SAUDI ARABIAN CULTURAL MISSION THEN PLEASE [CLICK HERE](#) FOR THE INSTRUCTIONS AND THE FEES
  - IF YOU HAVE ACCEPTED A NON DEGREED POSITION THEN YOU WILL NEED TO SUBMIT YOUR RESUME (CV) AND A COPY OF YOUR JOB TRAINING CERTIFICATES AND OR TECHNICAL DIPLOMAS-THE CONSULATE WILL REQUIRE THESE DOCUMENTS TO BE LEGALIZED. IF YOU NEED VIP TO ARRANGE FOR THESE DOCUMENTS TO BE LEGALIZED PLEASE GIVE OUR OFFICE A CALL SO WE CAN DISCUSS THE DETAILS

CONTINUED →

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- 11.) **LETTER OF SPONSORSHIP:** ORIGINAL LETTER FROM THE COMPANY IN SAUDI ARABIA SPONSORING THE APPLICANT, CERTIFIED BOTH BY THE SAUDI CHAMBER OF COMMERCE AND BY THE MINISTRY OF FOREIGN AFFAIRS. THIS LETTER MUST INDICATE THE BLOCK VISA NUMBER AND DATE AS WELL AS THE POSITION AND NAME OF THE APPLICANT. ATTACHED TO THE LETTER SHOULD BE AN AUTHORIZATION FROM THE COMPANY ALLOWING THE AGENCY TO FINALIZE ALL THE REQUIREMENTS TO OBTAIN THE VISA, BLOCK VISA NUMBER AND DATE.
  - APPLICATIONS BEING PROCESSED IN THE NEW YORK OR WASHINGTON D.C. CONSULATE WILL ALSO NEED TO SUBMIT A COPY OF THE WAKALA OR THE TAFWEED (THIS IS THE ELECTRONIC POWER OF ATTORNEY AUTHORIZING OUR COMPANY TO PROCESS THE APPLICATION).
  
- 12.) **MEDICAL REPORT** - THE MEDICAL REPORT MUST BE ISSUED BY A LICENSED PHYSICIAN WHO MUST SIGN AND CERTIFY THE APPLICANT IS FREE OF ANY CANTAGIOUS DISEASE-THE LICENSE NUMBER AND THE ADDRESS AND PHONE SHOULD BE PRESENT. THE VISA OFFICER LIKES THE INFORMATION TO BE BOTH HAND WRITTEN AND RUBBER STAMPED ON THE BOTTOM RIGHT CORNER. THE MEDICAL REPORT MUST BE USED WITHIN THREE (3) MONTHS FROM THE DATE OF ISSUANCE. A COPY IS ACCEPTED HOWEVER IT MUST BE A CLEAR COPY FREE OF ANY BLEMISHES.
  
- 13.) **LAB REPORT** - REQUESTED BY THE DOCTOR TO ENABLE HIM TO COMPLETE THE MEDICAL REPORT (*HIV AND HEPATITIS A/B/C RESULTS MUST SHOW A NEGATIVE OR NON-REACTIVE RESULT. HEPATITIS A IS ONLY REQUIRED WHEN THE VISA IS BEING PROCESSED THROUGH THE EMBASSY IN WASHINGTON D.C.*). THE COPY OF THE LAB REPORT MUST BE A CLEAR COPY FREE OF ANY BLEMISHES.
  
- 14.) **BACKGROUND CHECK REQUEST FORM (HOUSTON CONSULATE)** - THE CONSULATE IN HOUSTON REQUIRES A CRIMINAL BACKGROUND CHECK THROUGH TALENTWISE. (ADDITIONAL FEE OF \$117.40, \$79.90 TALENTWISE FEE + \$37.50 VIP PROCESSING FEE)
  - ❖ **NEW YORK CONSULATE OR DC EMBASSY** – APPLICANT MUST SUBMIT A RECENT POLICE BACKGROUND CLEARANCE LETTER LISTING IN DETAIL THE APPLICANT’S CRIMINAL RECORD (IF ANY) ISSUED BY THE LOCAL POLICE DEPARTMENT THAT HAS JURISDICTION OVER THE ADDRESS LISTED ON THE APPLICANTS DRIVER’S LICENSE. THE LETTER SHOULD BE PRINTED ON THE LETTERHEAD OF THE ISSUING POLICE DEPARTMENT AND SIGNED BY THE OFFICER IN CHARGE (ORIGINAL SIGNATURE) WITHIN 90 DAYS FROM THE DATE OF ISSUE.
  
- 15.) **COPY OF THE TRAVEL ITINERARY** (IF AVAILABLE)

**VALIDITY:** ONCE THE CONSULATE OR EMBASSY ISSUES THE WORK BLOCK VISA THE APPLICANT WILL HAVE TO MAKE ENTRY INTO THE KINGDOM WITHIN 90 DAYS FROM THE DATE THE VISA IS ISSUED.

**NO OBJECTION CERTIFICATES:** IF THE APPLICANT IS OVER THE AGE OF 60 THE CONSULATE WILL CONSIDER ISSUING THE VISA IF THE APPLICANT CAN ALSO SUBMIT A LETTER (NOC) FROM THE SAUDI EMPLOYER ACKNOWLEDGING THE APPLICANTS AGE AND DETAILING THE IMPORTANCE OF ISSUING THE VISA ETC .

**OFFICIAL FINAL EXIT CERTIFICATE:** IF THE APPLICANT HAS PREVIOUSLY BEEN EMPLOYED IN SAUDI ARABIA BY A DIFFERENT EMPLOYER, THE CONSULATE WILL REQUIRE THAT WE SUBMIT A COPY OF THE OFFICIAL FINAL EXIT CERTIFICATE FROM THEIR PREVIOUS EMPLOYER.

REVISED 11-15-2018 JENN

# SAUDI CONSULATE LOCATIONS

EACH APPLICANT'S INVITATION INDICATES WHERE IT WILL BE PROCESSED. IF YOU ARE UNSURE AS TO WHERE YOURS WILL BE PROCESSED, PLEASE EMAIL OR FAX A COPY OF YOUR INVITATION TO OUR OFFICE AND WE WILL ADVISE WHICH APPLICATION YOU WILL NEED TO SUBMIT.

SAUDI ARABIA EMBASSY/CONSULATE LOCATIONS	
ENGLISH	ARABIC
HOUSTON	هيوسطن
WASHINGTON, DC	واشنطن
NEW YORK	نيويورك

\*IF YOUR INVITATION INDICATES A LOCATION OTHER THAN THE ONES LISTED ABOVE, PLEASE CONTACT OUR OFFICE FOR MORE INFORMATION

## HOUSTON CONSULATE

[CLICK HERE](#) FOR THE HOUSTON VISA APPLICATION FORM

- COMPANY LETTERS AND INVITATIONS MUST BE ADDRESSED TO THE SAUDI ARABIA CONSULATE IN HOUSTON.

## NEW YORK CONSULATE

[CLICK HERE](#) FOR THE NEW YORK VISA APPLICATION FORM

- COMPANY LETTERS AND INVITATIONS MUST BE ADDRESSED TO THE SAUDI ARABIA CONSULATE IN NEW YORK.

## WASHINGTON, D.C. EMBASSY

[CLICK HERE](#) FOR THE WASHINGTON, D.C. VISA APPLICATION FORM

- COMPANY LETTERS AND INVITATIONS MUST BE ADDRESSED TO THE SAUDI ARABIA EMBASSY IN WASHINGTON, D.C.

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## RELEASE LETTER

DEAR CONSULATE OF SAUDI ARABIA,

I, \_\_\_\_\_, AUTHORIZE YOUR OFFICE TO DISCUSS  
THE STATUS OF AND THE RELEASE OF MY PASSPORT TO: STEPHEN LEIGHTON, DAN THE  
DURAN, OSCAR LOPEZ, PAUL HOLROYD, ERIK ROMERO, RUBEN JALAMO OR ANY  
REPRESENTATIVE OF VIP PASSPORT SERVICES, INC., MY AGENT IN PROCESSING MY  
VISA APPLICATION FOR SAUDI ARABIA.

THANK YOU FOR YOUR ASSISTANCE.

SINCERELY,

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE OF ENTRY INTO SAUDI ARABIA: \_\_\_\_\_

\*I WILL ENTER INTO SAUDI VIA AIR OR LAND: \_\_\_\_\_

DATE OF DEPARTURE FROM THE U.S.A.: \_\_\_\_\_

\*APPLICATIONS PROCESSED VIA THE HOUSTON CONSULATE WILL TYPICALLY ALLOW THE APPLICANT TO ENTER SAUDI VIA AIR OR LAND. APPLICATIONS PROCESSED VIA NEW YORK, DC OR LOS ANGELES WILL TYPICALLY ALLOW ENTRY ONLY VIA AIR TRAVEL.

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## REQUEST FORM FOR TALENTWISE BACKGROUND CHECK

PLEASE COMPLETE AND SEND THIS FORM IF YOU WOULD LIKE FOR VIP TO REQUEST THE  
BACKGROUND CHECK ON YOUR BEHALF.

FULL NAME OF APPLICANT: \_\_\_\_\_

FULL ADDRESS OF APPLICANT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICANT'S SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

APPLICANT'S PHONE NUMBER (HOME): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

APPLICANT'S PHONE NUMBER (CELL): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**\*\*\*IMPORTANT\*\*\***

**AN APPLICANT'S BACKGROUND CHECK IS ONLY VALID FOR NINETY (90) DAYS  
FROM THE DATE OF ISSUE**





## 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		

<i>CONFIRM IF THE APPLICATION HAS ONE OF THE FOLLOWING:</i>		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)	