



KING FAHD ARMED FORCES HOSPITAL
 P.O. Box 9862, JEDDAH 21159
 KINGDOM OF SAUDI ARABIA
 Tel. # +966-2-6653000
 Fax # +966-2-6693490



**PERSONNEL
 RECRUITMENT
 MEDICAL
 CHECKLIST**

**RECRUITMENT
 Medical Questionnaire**

Please explain all "YES" by number on the reverse side and list specific date, treatment (IF ANY) and present status.

NAME				ADDRESS (Include Number, Street, city, State and Zip Code)			
AGE	SEX	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	DATE OF BIRTH	
DISTINGUISHING MARKS AND SCARS							
PLEASE CHECK THE APPROPRIATE COLUMN IF YOU HAVE OR HAVE HAD THE FOLLOWING COMPLAINTS OF SYMPTOMS OR IF YOU HAVE BEEN ADVISED TO SEEK TREATMENT FOR:							
#	COMPLAINTS OR SYMPTOMS	YES	NO	#	COMPLAINTS OR SYMPTOMS	YES	NO
1	Shortness of breath			41	Backache		
2	At rest			42	Swollen joints		
3	With exercise			43	Painful of stiff joints		
4	On lying down			44	Irritability		
5	Heart attack			45	Frequent headaches		
6	At rest – chest pain			46	Dizziness of Faintness		
7	With exercise – chest pain			47	Insomnia (sleeplessness)		
8	On lying down – chest pain			48	Nightmares		
9	Swelling of ankles			49	Poor concentration		
10	Cough			50	Excessive fatigue		
11	Spitting of blood			51	Tension – inability to relax		
12	Night sweats			52	Difficulty in coordinating		
13	Hot flashes			53	Glaucoma		
14	Frequent respiratory infections			54	Difficulty – seeing		
15	Wheezing in chest			55	Difficulty in – hearing		
16	Loss of weight			56	Discharge from ears		
17	Gain in weight			57	Discharge from eyes		
18	Thyroid disease			58	Discharge from nose		
19	Gall bladder disease			59	Discharge from nipples		
20	Excessive belching			60	Ulceration of Nipples		
21	Stomach ulcer			61	Lumps in breast		
22	Difficulty in swallowing			62	Chronic hoarseness		
23	Abdominal pain			63	Cataracts		
24	Constipation			64	Skin rash		
25	Food intolerance			65	Hernia		
26	Frequent diarrhea			66	Diabetes		
27	Change in bowel habits			67	Tumor of cancer		
28	Blood in stools			68	Psychiatric treatment		
29	Coal black in stools			69	Disability payments		
30	Vaginal discharge			70	Seizures (Convulsions)		
31	Menstrual Irregularities/pain			71	Stroke		
32	Last (date) menstrual period			72	High blood pressure		
33	Increased frequency of urination			73	Tuberculosis		
34	Prostate			74	Slipped Disc		
35	Blood in urine			75	Multiple Sclerosis		
36	Kidney stones			76	Polio		
37	Painful urination			77	Advised to have surgery		
38	Muscular weakness – paralysis			78	Have you had Hepatitis B?		
39	Tingling in extremities			79	Have you had Hepatitis C?		
40	Pain in extremities						
WHAT MEDICATIONS DO YOU TAKE EITHER REGULARLY OR OCCASIONALLY?				VERY IMPORTANT:			
AVERAGE DAILY CONSUMPTION: TOBACCO _____ ALCOHOL _____		Have you ever been refused employment, insurance or military for health reason? YES _____ NO _____		Any hospitalization, during last 10 years for any reason? YES _____ NO _____ SEE OTHER SIDE			
I HEREBY AUTHORIZE A FULL REPORT OF MY MEDICAL EXAMINATION TO BE FORWARDED TO KING FAHD ARMED FORCES HOSPITAL. I FURTHER AFFIRM THAT THE INFORMATION AND RESPONSES I HAVE PROVIDED ARE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE AND HEALTH.							
SIGNATURE OF APPLICANT (Required): _____			DATE: _____		POSITION APPLIED HIRED FOR: _____		

*Questions which may be inconsistent with Civil Rights Legislation may be omitted...



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CONTINUATION...

Medical Care / Hospitalization in past 10 YEARS

DATE	REASON:	SURGERY PERFORMED:		RESULT OF TREATMENT OR SURGERY
		YES	NO	

EXPLANATION OF YES ANSWER FROM 1- 79

NUMBER	EXPLANATION