# Student Medical Examination

size photo

4x6

It is stamped by the Hospital or Dispensary

Student's Name: ----------

Honorable Director of the Clinic/Hospital---------- Respected.

We intend to do the student listed above required medical exams.

Accept our greetings as well.

Honorable / Director of Student Affairs at Hafr Al-Batin University

| Doctor | Examination Type | | Doctor | Examination Type | |
|---|---|---|---|---|---|
| Name: ---------- Signature: ---------- | ☐ Negative ☐ Positive : ---------- | Surgical diseases | Name: ---------- Signature: ---------- | Right: ---------- Left: ---------- | Eye |
| Name: ---------- Signature: ---------- | Blood Type ..... | Tests | Name: ---------- Signature: ---------- | Upper ..... Lower ..... | Teeth |
| | Urine: Negative ☐ Positive ☐ diabetes; Negative ☐ Positive ☐ Albumin | | Name: ---------- Signature: ---------- | Positive / Negative / Blood Pressure: Heart ☐ ☐ ☐ ☐; Lungs ☐ ☐; Liver ☐ ☐; Spleen ☐ ☐ | Internal Diseases |
| Name: ---------- Signature: ---------- | ☐ Negative ☐ positive : ..... | Psychological Diseases | Name: ---------- Signature: ---------- | ☐ Negative ☐ Positive | Skin Diseases |
| Name: ---------- Signature: ---------- | ☐ Negative ☐ Positive : | Other Diseases | Name: ---------- Signature: ---------- | The Radiological Examination's Result ---------- | Chest Diseases |

God's mercy and blessings be upon you, and peace.

I'll give you the medical report when I get back, and after seeing the student: ----------.

It transpires that:

☐ Healthy

☐ Need medical care

Director of the Clinic/Hospital: ----------

Signature: ----------

Date: ----------