

Confidential Medical Examination Form

All applicants for admission to Alfaisal University are required to have the following information completed

To Be Completed by the Student

Full Name:..... Age:.....
Country of Birth:..... National I.D. / Iqama No..... Passport No.....
Home Address:..... City..... P.O. Box..... Postal / Zip Code.....
Email Address:..... Home Tel No.

Emergency Contact:

Who should we contact or notified in case of emergency or accident?

1. Name:..... Relationship.....
Address:.....
Telephone: Business..... Home..... Mobile.....
2. Name:..... Relationship.....
Address:.....
Telephone: Business..... Home..... Mobile.....

Medical Insurance Information: (It is recommended that all students obtain health insurance)

Name of company:..... City..... Country.....
Medical insurance No. Expiration date:.....
I acknowledge that the information mentioned above are accurate and true to the best of my knowledge.
Student's signature:.....Date:.....

To Be Completed by a Licensed Physician

• Serious injuries:..... Date:.....
• Operation(s): Date:.....
• Permanent illness(es): Date:.....

General Health Information:

Blood Type Weight Height Age
Eyes: Right Left
Ears..... Nose Lungs Heart
Allergies or any medicines to be avoided?.....
Is student on any regular medication? If yes, for what condition
Classification of physical activities: *Please check one:* ☐ Unlimited participation ☐ Limited participation ☐ No participation
If limited or no participation indicated, please explain why.....

I acknowledge that the information mentioned here of the student:..... are accurate and true to the best of my knowledge.

Physician's Name:.....Date:.....Signature:.....
Hospital / Clinic name:.....Contact No.:.....
Official Stamp:.....