

Kingdom of Saudi Arabia

Ministry of the Interior



Date : / /20

Color or 4x6
Photograph with
white
background

Medical Examination Form

Date : .../.../20....

Filled by the applicant	National ID No:..... Full Name:..... Date of birth:.....Place of Birth:..... Occupation:..... Working Place:..... Home Phone No.:..... Work No.:..... Cell Phone No.: Address:.....
For official Use	To the respected Director :..... The above mentioned has applied for license. We hope that you examine him to insure that he has no physical, neuralgic or psychological illness that prevents him from getting the required license. Best Wishes Director of :..... Name : Rank : Signature :.....
Filled by the Medical Authority	The above mentioned has been examined, it became clear that he has no affected by physical illness or disability that prevents him from using the weapon correctly for the time being. Doctor Name:.....Date:.../.../..... Signature :..... <u>Official Stamp</u>
	The above mentioned has been examined, it became clear that he has no mental illness or Neurological disease that prevents him from using the weapon correctly for the time being. Doctor Name:.....Date:.../.../..... Signature :..... <u>Official Stamp</u>