



# International Hospitals Recruitment Inc.

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Dear Visa Applicant,

Greetings! And .. Thank you for your interest in using our services to obtain your Work Visa to join your new job in Saudi Arabia. Kindly find attached Visa Requirements & Forms to process this visa.

## Requirements

1. List of Requirements for the Visa, as per **KSA Consulate instructions**
2. Application Forms, Please complete all fields, do not leave any blanks
3. Medical Report Form, **to be completed by family physician**  
**PLEASE, read the attached Cover Letter! We also, suggest to share with physician for guidance.**  
**Once this form is completed kindly have it stamped/certified by The College of Physicians in the province where the physician is practicing. Then bring along with all the test results as outlined in the Form and in our cover letter**
4. **PLEASE NOTE, we NEED to VIEW the ORIGINAL DOCUMENTS of ALL SUPPORTING VISA PAPERWORK THIS INCLUDES, AS APPLICABLE: DEGREES ATTESTED, BIRTH CERTIFICATES, MARRIAGE CERTIFICATES and ETC. OR, THE ALTERNATIVE THE ORIGINAL OF A NOTARIZED COPY by a Lawyer / Notary Public stamped and signed as original document had been seen.**

## Time frame and Process

1. Once we receive your completed paperwork, we usually send off to the consulate within next 24 to 48 hrs depending on our workload. If we were unable to, for any reason, will let you know accordingly.
2. **We need time to go through paperwork again, to make sure file is complete, organize as per Consulate's instructions, submit information through Embassy System, (Enjaz) and prepare necessary waybills and etc..**
3. We send by FEDEX Courier service, hence the consulate usually receive the next business day.
4. The Consular Section after receiving the visa application, review the paperwork and enter relevant information on their system (one day to several days depending on how busy they are). After the embassy issues your visa they will send to us by email and we will forward to you. Print out and take with you to KSA. Now you are ready to travel.

Please do not hesitate to get in touch, should you have any inquires, will be pleased to assist.

Best Regards

Ghassan (Gus) H. Ibrahim  
Director

## **Disclaimer, as we would like to bring to your kind attention:**

- As always issuance of visa is at the discretion of the Saudi Consular, IHR will not endure responsibility, expenses, refund or liability for the rejection of your visa. Therefore, should your visa be denied, for any reason, IHR will retain the visa processing fees & courier fees.
- IHR is not responsible for any loss, damage, negligence or delays in issuance of visas once the visa paperwork leaves our office
- Once passport reached the Consular Section, the process is out of our hands (Refer to Notification Form attached)

**Should you have any query regarding the above please feel free to contact us & we will be happy to help**

**I hereby confirm that I have read the above and agreed to it and I hereby authorize IHR to process my Work Visa and will pay relevant charges accordingly**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

Tel NO: \_\_\_\_\_ Email: \_\_\_\_\_

# Employment Visa Requirements

## AS PER KSA CONSULATE in OTTAWA, INSTRUCTIONS

**PLEASE READ CAREFULLY TO AVOID DELAYING PROCESS**

Visa Requirements **ALL DOCUMENTS MUST BE PROVIDED AS HARD COPIES:**

- 1. Copy of the Visa Authorization (TAFWEED- Power of Attorney).** An electronic letter (e-Wakala) of sponsorship from the Saudi sponsoring Company. Please make sure the Tafweed is in the name of the applicant only (Agents name should not be on the Tafweed), **along with Sponsor's Electronic Number (VISA system Unique ID Number, usually found on BLOCK Visa document).**
- 2. Two (2) recent passport size colored photographs** (4X6cm) with plain white background. These, **photos has to be no more than three (3) month old, with a stamp for the date and the applicant's signature & name printed on the back of the photo (one used for medical report and one for the visa application form, DO NOT attach to forms, we'll take care of it).**
- 3. ORIGINAL Passport.** **MUST** be valid for at least 6 months from the travel date into Saudi Arabia, must have the place of birth & two empty (blank) pages side by side. **THE CONSULAR SECTION WILL NO LONGER ACCEPT ANY PASSPORTS (MANUAL PASSPORTS) THAT ARE NOT MACHINE READABLE.**
- 4. Non-Canadian applicants, living in Canada, MUST submit a Valid Permanent Resident Card.** **(Copy of front & back of the PR card or work permit)**
- 5. Copy of Employment Contract, signed by both parties and stamped by the Saudi Ministry of Foreign Affairs** (for all private organization, if government organization, then no need to be stamped by MOFA)
- 6. COPY OF RELEVANT QUALIFICATIONS / DEGREES**  
**For NON Health Care providers EXCEPT Engineers,** Degrees from Universities or Colleges must be verified through the professional verification platform: <https://qvp.pacc.sa/home>. **This is a must now and visa wont be issued without it. PLEASE note that Visa Title, Contract of Employment and Professional Verification must match. If Degree was obtained from a University in Saudi Arabia, a copy of the degree attested by Ministry of Foreign Affairs in KSA required.**
- 7. Consulate Medical Report Form, stamped by College of Physicians and Surgeons in Province of residence. ORIGINAL HARD COPY.**
  - a) Completed Original Medical Report Form for all applicants 16ys of age and older** (Must be completed by a physician holding current license from relevant licensure body at the College of Physicians of the province in Canada)
  - b) Copies of ALL TESTS RESULTS used to complete the report MUST be provided along with the Medical Report Form. Please ensure following tests results are provided, otherwise, visa will not be issued: Hepatitis-B Surface Antigen, Hepatitis C Antibodies, VDRL/RPR (Syphilis), HIV, TB skin test result & Chest X-Ray Report and a Letter from physician to confirm you have NO Symptoms of Monkey Pox (MPox) Virus). PLEASE note that Medical Report is valid for 3 MONTHS from Date Completed.**
  - c) PLEASE, note that once Medical Report form completed, it should be stamped by the relevant licensing body in province of residence (College of Physicians and Surgeons in the province).**
- 8. ORIGINAL HARD COPY OF THE POLICE REPORT for all applicants 16 years of age and older.** This is a "No Criminal History Report", obtained usually from local police authority. Please, make sure, it is stamped from the relevant police authority. You may be able to obtain on line at [www.myBackCheck.com](http://www.myBackCheck.com) If used this service and applied on-line, PLEASE, request Original to be sent by post. **This Report is valid for 3 MONTHS from Date issued. IF OBTAINED through soft copy, please forward the email received the report through.**
- 9. A copy of travel itinerary.** This is a tentative travel itinerary / Travel plan into Saudi Arabia for visa application purposes there is no need to purchase the ticket or get a confirmed booking. Please, **note the itinerary must have a travel date which is more than 14 days from the date it is received by the consulate, a flight number and etc.**
- 10. KSA Consulate Forms (attached), HARD COPIES**
  - a) Visa application Form.** Completed by hand and written in block letters or typed out, **signed and dated**
  - b) CV Application Form.** This is the **Employment Visa Additional Form, PLEASE complete all fields and sign**
  - c) Statement Form.** Please, read and then sign indicating that you have read and date.
  - d) Notification Form.** Please, read and then sign indicating that you have read and date.
  - e) A Statement of Religion or proof or an equivalent proof.** Please complete **Statement Form.**
  - f) Travel Form**

**PS. IF SOFT COPIES PROVIDED FOR US TO PRINT OUT, A CHARGE OF \$5.00 PER PAGE FOR PRINTING WILL BE ADDED.**

### ADDITIONAL NOTES

- 1. Age of employment in the Kingdom of Saudi Arabia, applicants must be over the age of 22 years.**
- 2. Visa validity is 3 months from date of issue. You MUST arrive in the KSA during this 90 day period**
- 3. Sometimes, consulate may request additional documents to issue the visa**



استمارة طلب تأشيرة  
Visa Application Form

Stamp of Canadian Agent

BARCODE:

E#: \_\_\_\_\_

للاستعمال الرسمي For official Use

رقم التأشيرة: \_\_\_\_\_

نوع التأشيرة: \_\_\_\_\_

Photo الصورة					
First Name الاسم الأول		Middle Name الاسم الأوسط		Last Name اسم العائلة	
Mother's name إسم الأم		Father's Name إسم الأب		Name of Spouse إسم الزوج أو الزوجة	
Date of Birth تاريخ الولادة		Place of Birth مكان الولادة			
Present Nationality الجنسية الحالية		Passport No رقم الجواز			
Date of Issue تاريخ الإصدار		Place of Issue محل الإصدار			
Expiration Date تاريخ إنتهاء صلاحية الجواز		Previous Nationality الجنسية السابقة			
Sex الجنس Male ذار <input type="checkbox"/> Female أنثى <input type="checkbox"/>		Marital Status Married متزوج <input type="checkbox"/> Single أعزب <input type="checkbox"/>		الحالة الإجتماعية widow أرمل <input type="checkbox"/> Divorced مطلق <input type="checkbox"/>	
Religion الديانة		Profession المهنة		Qualifications المؤهل العلمي	
Home Address and Telephone No in Canada		Place of issue مكان الإصدار			
E-mail Address		عنوان المنزل ورقم الهاتف في أندا			
Business Address and Telephone no in Canada		البريد الإلكتروني			
Business Address and Telephone no in Canada		عنوان الشراة ورقم الهاتف في أندا			
Visa Type نوع التأشيرة					
Diplomatic دبلوماسية <input type="checkbox"/>		Employment عمل <input type="checkbox"/>		Family visit زيارة عائلية <input type="checkbox"/>	
Special خاصة حكومية <input type="checkbox"/>		Residence إقامة <input type="checkbox"/>		Work visit زيارة عمل <input type="checkbox"/>	
Government <input type="checkbox"/>		Student دراسية <input type="checkbox"/>		Commercial تجارية <input type="checkbox"/>	
		Investor مستثمر <input type="checkbox"/>		Businessman رجل أعمال <input type="checkbox"/>	
				Personal شخصية مرور <input type="checkbox"/>	
				Transit <input type="checkbox"/>	
Name , Address , telephone number of the Company or Sponsor in Saudi Arabia إسم وعنوان وماتف الشراة أو الكفيل وعنوانه في المملكة					
Have you previously been issued a visa to Saudi Arabia? Yes نعم <input type="checkbox"/> NO لا <input type="checkbox"/> هل سبق لك أن حصلت على تأشيرة دخول إلى المملكة					
Type ما نوعها		When تاريخها		Where مكان الإصدار	
Arrival in Saudi Arabia Date Airline Flight		Duration of Stay		City of Embarkation	
Port of Entry in Saudi Arabia					
I, the undersigned, hereby certify that: - I agree to have my fingerprints taken and my Iris scanned - All the information provided is correct. I will abide by the laws of the Kingdom during the period of my stay - I fully understand that alcohol, narcotics, pornographic materials and all types of religious and political activities are prohibited. I accept that if I violate the laws and regulations of the Kingdom of Saudi Arabia, I shall be subject to capital punishment.			أنا الموقع أدناه أوافق على أخذ بصمة الأصابع وقزحية العين أقر بأن آل المعلومات التي دونتها صحيحة وسأأون ملتزماً بقوانين المملكة أثناء فترة وجودي بها.		
Name:		Signature:		Date:	

ملحق لاستمارة تأشيرة العمل

Additional form for employment visa application

First Name الاسم الأول	Middle Name الاسم الوسط	Family Name اسم العائلة	
OTHER NAMES USED (MAIDEN NAME FOR MARRIED WOMEN) هل من أسماء أخرى تعرف بها (الإسم قبل الزواج للمرأة المتزوجة)			
DATE OF BIRTH (MM-DD-YYYY) تاريخ الميلاد	PLACE OF BIRTH مكان الميلاد		
OCCUPATION YOU INTEND TO PRACTICE IN SAUDI ARABIA (المهنة التي ستمارسها في المملكة)			
LIST BELOW ALL EMPLOYMENT FOR THE LAST 5 YEARS (الجهات التي عملت لديها في السنوات (5) الماضية)			
EMPLOYER	LOCATION	JOB TITLE	FROM/TO
LIST BELOW ALL POST-SECONDARY INSTITUTIONS ATTENDED أسماء المؤسسات التعليمية التي التحقت بها بعد الثانوية			
NAME OF INSTITUTION اسم المؤسسة التعليمية	COURSE OF STUDY مواد الدراسة	DEGREE OF DIPLOMA الشهادة الجامعية/دبلوم	FROM-TO من - إلى
COURSES/CERTIFICATES DONE ONLINE مواد دراسية أو شهادات عبر الإنترنت			
LANGUAGES SPOKEN OR READ اللغات المتقنة قراءة أو كتابة			
PROFESSIONAL ASSOCIATIONS YOU BELONG TO أسماء النقابات التي تنتمي إليها			
PREVIOUS MILITARY SERVICE (هل سبق وخدمت في القطاع العسكري) YES (نعم) NO (لا)			

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



PLEASE SIGN THE FOLLOWING STATEMENTS

**STATEMENT OF RELIGION**

APPLICANTS NAME:

I DECLARE THAT MY REIGION IS:

SIGNATURE

:

DATE :

**AUTHORIZATION FOR DEGREES AND DOCUMENT(S) VERIFICATIONS**

I , AUTHORIZAE THE CONSULAR SECTION OF THE ROYAL EMBASSY OF SAUDI ARABIA (OTTAWA), CANADA TO VERIFY THE INFORMATION WITH THE INSTITUTIONS (SUCH AS DEGREE/ DIPLOMA / TRANSCRIPTS AND LETTER(S) OF EXPERIENCE FROM PREVIOUS EMPLOYERS), I HAVE SUBMITTED ALON MY APPLICATION.

NAME:

SIGNATURE:

**DOCUMENTS PROPERTY OF EMBASSY OF SAUDI ARABIA**

ONCE THE VISA IS ISSUED ALL THE DOCUMENTS PRSENTED TO THE SAUDI CONSULAR SECTION CAN NOT BE GIVEN BACK AND THEY ARE THE PROPERTY OF THE SAUDI EMBASSY. SO PLEASE MAKE SURE YOU HAVE COPIES OF THE DOCUMENTS BEFORE YOU PRESNET THEM TO US.

NAME

SIGNATURE:

**NOTIFICATION TO ALL AGENTS AND ALL APPLICANTS**

**Please note and sign the following statements**

- 1- All visas are issued under the discretion of the Consular at the Saudi Embassy.**
- 2- There are no exemptions or fast processing of visas. To all agents, please make sure to tell your applicants not to purchase any tickets before the visa is issued**
- 3- To all agents, please do not tell your applicants whether a visa is authorized or denied. This is for the Consular section to decide.**
- 4- There is no time restrictions for visas to be issued, they will be issued as soon as possible**
- 5- If applicants have any questions or complaints about any agent, please do not hesitate to contact the consular section at [ottcon@mofa.gov.sa](mailto:ottcon@mofa.gov.sa)**
- 6- Notice: Please note that the Karaya or Alkoro plant is restricted & prohibited from entering the Kingdom. Bringing this illegal substance into the Kingdom will carry consequences with the law**

**Name**

**Signature**

**Date**

**Travel Questions For Applicants:**

1. **Do you plan to perform Umrah while in Saudi Arabia?** Yes  No

2. **Have you travelled to other country/countries in the last 5 years** Yes  No

If you answer YES to travelling to other country/countries in the last 5 years please clarify the following using the table below (PLEASE enter based on stamps in your passport):

- a) To what country/countries?
- b) Reason/Purpose for travel?
- c) **Date entered country/countries (Day/Month/Year)?**
- d) **Date left country/countries (Day/Month/Year)?**

<u>Country Visited</u>	<u>Reason for Visit</u>	<u>Date Entered Country</u>	<u>Date Departed Country</u>

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Contact Cell/Mobile Number:** \_\_\_\_\_

**Contact Email Address:** \_\_\_\_\_



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Dear Work Visa Applicant and Dear Physician,

Greetings!

**Kindly find attached KSA Consulate Medical Report to be completed:**

## 1. Consulate Medical Form

- a) I would like to bring to your kind attention that this is part of your Saudi Consulate (and therefore government) requirements to obtain your employment visa to join a facility in Saudi Arabia. Therefore, we are dealing with it accordingly. I should be grateful if you would ask your physician to complete form in its entirety. **ALL** boxes (**Medical Examination & Laboratory Investigation**) along with **History of any Significant Past Illness** must be checked off in the proper column (Negative/Normal or Positive/Abnormal). I do understand that some physicians may not want to perform some examinations or are hesitant to request certain lab tests, especially if you do not show symptoms. However, we really have no say in the matter and this report **MUST** be completed as per KSA Consulate requirements. May I suggest that you talk to your physician and find out from him/her whether willing to complete this medical report and perform all tests, if not then you might want to consider changing the physician. **Consulate now a days is very strict.**
- b) **ALL laboratory test results** including: **Hepatitis B Surface Antigen, (NOT ANTIBODIES), Hepatitis C Antibodies, VDRL/RPR (Syphilis), HIV Test and TB Skin Test must be provided, ALONG with the Chest X-Ray Report reading. AND Letter from physician that you have NO Monkey Pox (MPox) Virus symptoms. IMPORTANT**  
**If the Test Result does not show a Negative Sign and gives standard comment you are required to have either the Laboratory or the Doctor indicate the result of Negative or Positive on the test result itself & must be signed. In case of positive a full typed explanation is required.**
- c) **Kindly make sure physician will complete the FIT or UNFIT Box (check off).**
- d) I would like to bring to your kind attention that this form is probably used by different consulates around the world and therefore, some of these laboratory tests may not be readily available in North America (Bilharziasis, V. Cholera and etc.) **The consulate will request these boxes to be checked off, based on physician's medical judgment and can make a note as "No History", "No Symptoms" or any other reason the physician deems appropriate.**

**This form must be attested/stamped by The College of Physicians & Surgeons of the province medical report completed in to confirm the status of your physician, in good standing.**

We suggest in order to avoid any misunderstanding of what is required for completion of the Consulate's Medical or delays, you share letter with the physician performing your medical.

Should you have any query regarding any of the above please do not hesitate to contact us at our office by phone on our Toll Free #: 1- 888-728 3456

Best Regards

Ghassan (Gus) H. Ibrahim  
Director

## MEDICAL REPORT نموذج تقرير طبي

PHOTO	NAME							
	NATIONALITY		SEX		AGE		MARITAL STATUS	
	PASSPORT NO.			PLACE & DATE OF ISSUE				
	POSITION APPLIED FOR							
	DEAR SIR, MADAM PLEASE , ARRANGE TO EXAMINE THE ABOVE MENTIONED CANDIDATE WHETHER HE/SHE IS FIT FOR THE ABOVE MENTIONED POSITION .							
DATE <u>   /   /   </u> RECRUTEMENT ATTACHE/OR DOCTOR: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>								

HISTORY OF ANY SIGNIFICANT PAST ILLNESS INCLUDING :	
- PSYCHIATRIC AND NEUROLOGICAL DISORDERS (EPILEPSY , DEPRESSION ..)	
- ALLERGY	

MEDICAL EXAMINATION			LABORATORY INVESTIGATION			
TYPE OF MEDICAL EXAMINATION			TYPE OF LABORATORY INVESTIGATION			
			NEGATIVE\ NORMAL	POSITIVE\ ABNORMAL	NEGATIVE\ NORMAL	POSITIVE\ ABNORMAL
EYE	VISION	R.EYE			[URINE]	
		L.EYE				-SUGAR
OTHER		R.EYE				- ALBUMIN
		L.EYE				- BILHARZIASIS
EAR		R.EAR				- OTHER
		L.EAR			[STOOL]	
CHEST X - RAY PULMONARY TUBERCULOSIS						- HELMINTHES
[SYSTEMIC EXAMINATION]						- SALMONELLA/SHIGELLA
BLOOD PRESSURE						- V.CHOLERA
HEART					[BLOOD]	- OTHER
LUNGS						- HAEMOGLOBIN
ABDOMEN						- MALARIA FILM
[OTHERS]						- OTHERS
	* HERNIA				[SEROLOGY]	
	* VARICOSE VAINS					- HIV TEST(FROM A PROVINCIAL LAB.)
EXTREMITIES						- F.B.S.
SKIN						- HBsAG/ANTI HCV
[VENERAL DISEASES]						- L.F.T.
- CLINICAL						- CREATININE
- LAB						- UREA
	VDRL					
	TPHA				PREGNANCY TEST	

CONFIRM IF THE APPLICANT HAS ONE OF THE FOLLOWING:		NO	YES
COMMUNICABLE DISEASES			
MENTAL DISORDER			
MENTAL RETARDATION			
PHYSICAL DISORDERS			
HANDICAP			
PARALYSIS			
BLINDNESS			
DEAFNESS			
DUMBNESS			

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. A CHECK MARK ( ), ONLY, MUST BE INSERTED IN THE NEGATIVE \NORMAL SECTIONS ABOVE. IN THE EVENT OF ANY POSITIVE TEST RESULTS A TYPED & SIGNED NOTE FROM THE DOCTOR STATING IF THIS IS A COMMUNICABLE OR NON COMMUNICABLE DISEASE AND TO ADVISE US OF TREATMENT UNDER TAKEN AND IF IT HAS ANY EFFECT ON THE APPLICANT'S WORK.

**SUBMIT TO THE CONSULAR SECTION ORIGINALS AND COPIES OF THIS REPORT AND THE TESTS RESULTS . DO NOT SUBMIT X-RAY'S AS THOSE MUST BE PRESENTED TO THE HEALTH AUTHORITIES IN SAUDI ARABIA ALONGWITH ONE CLEAR COPY OF THIS REPORT AND ALL TEST RESULTS.**

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 MEDECINE . (1)	DEPARTMENT OF HEALTH ( FEDERAL OR PROVINCIAL ) ) (2)
AUTHORIZED SIGNATURE	STAMP OR SEAL OF THE PROVINCIAL LICENSING AUTHORITY (college of physicians)

**NOTE:**

**IF THE TEST RESULT DOES NOT SHOW A NEGATIVE SIGN AND GIVES STANDARD COMMENTS YOU ARE REQUESTED TO HAVE EITHER THE LAB. OR THE DOCTOR INDICATE THE RESULT OF NEGATIVE OR POSITIVE ON THE TEST REESULT ITSELF & MUST BE SIGNED. IN CASE OF POSTIVE A FULL TYPED EXPLANTION IS REQUIRED.**

