




MEDICAL FITNESS REPORT

تقرير اللياقة الطبية

SECTION 1 : Personal Data

| | | | | | |
|---|-----------------------|--|------------------|------------------|------------|
|  | Name | Murad Ali Pervaiz | مراد علي برويز | Age | 31 Yrs. |
| | Nationality | PAKISTAN | | IQAMA No. | 2627714591 |
| | DOB | 04-06-1995 | | Sex | Male |
| | Marital Status | <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow | | | |
| | Blood Group | B +ve | Job Title | سائق حافلة | |

SECTION 2 : Vital Data

| | | | | | |
|-----------------------|--|---------------|--------|---------------------|---|
| Blood Pressure | 80 - 128 | Height | 172 CM | ECG | <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal |
| Pulse | <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular | Weight | 83 Kg | Color Vision | <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal RT : 6/6 LT: 6/6 |


SECTION 3 : Clinical Examination / Lab Investigation

| | | | | | |
|-----------------------------------|----|----|--------------------------------|----|----|
| Clinical Examination | | | | | |
| Cardiovascular Examination | | | Respiratory Examination | | |
| General Appearance | N/ | AB | Auscultation | N/ | AB |
| Auscultation | N/ | AB | Chest X-Ray | N/ | AB |

NOTE :

Medical Report Dated : 05-04-2026 , Validation Three months.

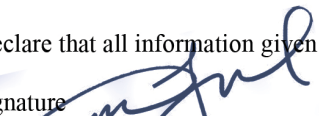
Laboratory Investigation

| STOOL | | SEROLOGY | | | RESULT | | |
|---------|----------|----------|--|-----------------------------------|---|-------|-------------------------------------|
| Normal | Abnormal | RESULTS | | | <input checked="" type="checkbox"/> FIT | UNFIT | |
| OVA | ✓ | HbsAG | <input checked="" type="checkbox"/> Negative | <input type="checkbox"/> Positive | Hospital Stamp  | | |
| CYST | ✓ | HCV | <input checked="" type="checkbox"/> Negative | <input type="checkbox"/> Positive | | | |
| Amoebae | ✓ | HIV | <input checked="" type="checkbox"/> Negative | <input type="checkbox"/> Positive | | | |
| Flagyal | ✓ | VDRL | <input checked="" type="checkbox"/> Negative | <input type="checkbox"/> Positive | | | |
| RBC | ✓ | URINE | | | | | |
| WBC | ✓ | Sugar | <input checked="" type="checkbox"/> | Albumin | <input checked="" type="checkbox"/> | Blood | <input checked="" type="checkbox"/> |

DECLARATION

I hereby Dr. Tayyab Mustafa Bhopal have no objection to release any information content in this request to the concerned Authority.

I Dr. Sameera Ahmed declare that all information given is true.

Signature 

* Kindly refer to the pre-employment examination general rules for expatriates www.Imra.bh.

* Polio vaccination mandatory in reported country / MMR is must for expatriates from endemic area.