



## Pre-Employment Medical Examination

## فحص اللياقة الطبية والشهادة



TO \_\_\_\_\_ DATE 03:33 PM 10/04/2026

FILE NO. 7559222 CATEGORY New BLOOD GROUP B +

| PERSONAL DETAILS |                        |               |                    |     |      |
|------------------|------------------------|---------------|--------------------|-----|------|
| NAME             | Shahid Khan Miran Said |               | شاهد خان ميران سيد |     |      |
| NATIONALITY      | PAKISTAN               | AGE           | 23 Years           | SEX | Male |
| PASSPORT / IQAMA | 2607559222             | DATE OF BIRTH | 01-01-2003         |     |      |

| EMPLOYMENT DETAILS |        |
|--------------------|--------|
| SPONSOR / COMPANY  |        |
| JOB DESCRIPTION    |        |
| CITY               | RIYADH |

| MEDICAL EXAMINATION |           |    |        |          |         |
|---------------------|-----------|----|--------|----------|---------|
| HEIGHT              | 176       | CM | WEIGHT | 69       | KG      |
| PULSE               | 72 b/Min. |    | B.P.   | 70 - 110 | TEMP °C |
| LUNGS & CHEST       | Normal    |    |        |          |         |
| CARDIO              | Normal    |    |        |          |         |
| VASCULAR            |           |    |        |          |         |
| NEUROLOGICAL        | Normal    |    |        |          |         |

| VISION          | N6 = NORMAL |            | N6=NORMAL |            |
|-----------------|-------------|------------|-----------|------------|
|                 | NEAR LEFT   | 6/6=NORMAL | RIGHT     | 6/6=NORMAL |
|                 | FAR LEFT    | 6/6=NORMAL | RIGHT     | 6/6=NORMAL |
| WITHOUT GLASSES |             |            |           |            |

| HEARING | LEFT | NORMAL | RIGHT | NORMAL |
|---------|------|--------|-------|--------|
|---------|------|--------|-------|--------|

| GENERAL HEALTH CONDITION | NO COUGH-NO FEVER-NO BREATHING DIFFICULTY<br>NO COVID-19 SYMPTOMS |
|--------------------------|-------------------------------------------------------------------|
|--------------------------|-------------------------------------------------------------------|

| APPEARANCE | NORMAL |
|------------|--------|
|------------|--------|

| IF SUFFERING FROM ANY CHRONIC DISEASES | NIL |
|----------------------------------------|-----|
|----------------------------------------|-----|

| ADDITIONAL COMMENTS IF ANY : | FIT FOR WORK |
|------------------------------|--------------|
|------------------------------|--------------|

|                                                                                                                               |                                                                 |                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| د / شريف حبيب<br>DR. SHERIF HABIB<br>Medical Director<br>License No. 1146841/9/3<br>Dr. Shahid Hussain<br>Attending Physician | <b>NOTE : This Medical Fitness Report is Valid Till 6 Month</b> | المريض لائق للعمل والسفر<br>Dr. Saeed Abdul-Khalig<br>Medical Director<br>د / شريف حبيب<br>DR. SHERIF HABIB<br>Medical Director<br>الرقم : 1146841/9/3 |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|