

# مجمع عيادات الغد المتخصصة الطبي

## Al-Ghad Specialized Clinics Complex



### MEDICAL FITNESS REPORT

### تقرير اللياقة الطبية



SECTION 1 : Personal Data					
	Name	WANG ZIFA	وانغ زي فا	Age	53 Yrs.
	Nationality	Chinese - صيني		Passport No.	EG7103988
	DOB	27 Mar. 1973		Sex	Male
	Marital Status	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow			
	Blood Group	A +ve	Job Title		

SECTION 2 : Vital Data					
Blood Pressure	80 - 145	Height	165 CM	ECG	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Pulse	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular	Weight	65 Kg	Color Vision	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal RT : 6/6    LT: 6/6 With Glasses

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

المرضى لا يلقون للمعمل والسفر

**NOTE :**  
 MEDICAL REPORT CONDUCTED ON June 2026, VALIDATION OF REPORT TILL June 2027.  
 تم إجراء التقرير الطبي في 2026 ، والتحقق من صحة التقرير حتى 2027

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 <u>Dr. Tayyab Mustafa Bhopal</u>	have no objection to release any information content in this request to the concerned Authority.
I Dr. <u>Sameera Ahmed</u>	declare that all information given is true.
	Signature

\* Kindly refer to the pre-employment examination general rules for expatriates [www.Imra.tn](http://www.Imra.tn).  
 \* Polio vaccination mandatory in reported country / MMR is must for expatriates from endemic area.