




MEDICAL FITNESS REPORT

تقرير اللياقة الطبية

SECTION 1 : Personal Data

| | | | | |
|---|--|--|------------------|---|
|  | Name Muhammad Shoab Muhammad Riaz محمد شعيب محمد رايذ | Age | 26 Yrs. | |
| | Nationality | PAKISTAN | IQAMA No. | 2516528128 |
| | DOB | 15-12-2000 | 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 | مؤسسة مازن مفلح دخيل الله الجهني للمقاولات العامة عامل تحميل و تنزيل |

SECTION 2 : Vital Data

| | | | | | |
|-----------------------|--|---------------|--------|---------------------|--|
| Blood Pressure | 80 - 118 | Height | 173 CM | ECG | <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal |
| Pulse | <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular | Weight | 78 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 |


المرضى لا يقبلون للعمل 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 Dr. Tayyab Mustafa Bhoppal 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.Imraa.gov.sa
* Polio vaccination mandatory in reported country / MMR is must for expatriates from endemic area.