

مجمع عيادات الغد المتخصصة الطبي

Al-Ghad Specialized Clinics Complex



MEDICAL FITNESS REPORT

تقرير اللياقة الطبية

SECTION 1 : Personal Data				
	Name	Sheraz Khan Shafi UR Rahman شيراز خان شفيح الرحمن	Age	29 Yrs.
	Nationality	PAKISTAN	IQAMA No.	2630020606
	DOB	16-02-1997	Sex	Male
	Marital Status	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow	مؤسسة نوف هليل قاعد العنيزه	
Blood Group	B -ve	Job Title	عامل تحميل و تنزيل	

SECTION 2 : Vital Data					
Blood Pressure	80 - 120	Height	172 CM	ECG	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Pulse	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular	Weight	89 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 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.th.
* Polio vaccination mandatory in reported country / MMR is must for expatriates from endemic area.