




MEDICAL FITNESS REPORT

تقرير اللياقة الطبية


| SECTION 1 : Personal Data | | | | |
|---|----------------|--|--|------------|
|  | Name | Misbah UD Din Amad Din | Age | 42 Yrs. |
| | Nationality | PAKISTAN | IQAMA No. | 2253712620 |
| | DOB | 01-01-1984 | Sex | Male |
| | Marital Status | <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow | شركة البابطين لليبلاستيك لخدمة الاتصالات | |
| Blood Group | A +ve | Job Title | عامل بناء | |

FIT FOR WORK

| SECTION 2 : Vital Data | | | | | |
|------------------------|--|--------|--------|--------------|--|
| Blood Pressure | 80 - 135 | Height | 172 CM | ECG | <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal |
| Pulse | <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular | Weight | 90 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 | Date : 30-06-2026 |

* 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.