

04 August 2026



### MEDICAL FITNESS REPORT تقرير اللياقة الطبية

| SECTION 1 : Personal Data                                                         |                |                                                                                                                                              |           |
|-----------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------|
|  | Name           | Umar Wahid Umar Habib                                                                                                                        |           |
|                                                                                   | Nationality    | PAKISTAN                                                                                                                                     |           |
|                                                                                   | DOB            | 01-04-1424                                                                                                                                   |           |
|                                                                                   | Marital Status | <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow |           |
|                                                                                   | Blood Group    | AB +ve                                                                                                                                       | Job Title |
| Age                                                                               |                | 24 Yrs.                                                                                                                                      |           |
| IQAMA No.                                                                         |                | 2636483915                                                                                                                                   |           |
| Sex                                                                               |                | Male                                                                                                                                         |           |

| SECTION 2 : Vital Data |                                                                                                   |        |        |
|------------------------|---------------------------------------------------------------------------------------------------|--------|--------|
| Blood Pressure         | 80 - 122                                                                                          | Height | 173 CM |
| ECG                    | <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal                      |        |        |
| Pulse                  | <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular                    | Weight | 77 Kg  |
| Color Vision           | <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal<br>RT : 6/6 LT : 6/6 |        |        |

| SECTION 3 : Clinical Examination / Lab Investigation |    |    |  |
|------------------------------------------------------|----|----|--|
| Clinical Examination                                 |    |    |  |
| Cardiovascular Examination                           |    |    |  |
| General Appearance                                   | N/ | AB |  |
| Auscultation                                         | N/ | AB |  |
| Respiratory Examination                              |    |    |  |
| Auscultation                                         | N/ | AB |  |
| Chest X-Ray                                          | N/ | AB |  |

|                                                                                 |
|---------------------------------------------------------------------------------|
| NOTE :                                                                          |
| MEDICAL REPORT CONDUCTED ON August 2026, VALIDATION OF REPORT TILL August 2027. |
| تم إجراء التقرير الطبي في اغست 2026 ، والتحقق من صحة التقرير حتى اغست 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<br> |                                     |
| 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 Bhopla                                                                                                                                                                                                  | 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                                                                                                                                                                                                                           | Date : 04-08-2026 - 04:18 PM                                                                     |
| * Kindly refer to the pre-employment examination general rules for expatriates <a href="http://www.Imra.bh">www.Imra.bh</a> .<br>* Polio vaccination mandatory in reported country / MMR is must for expatriates from endemic area. |                                                                                                  |