



20 AUG. 2026



### Pre-Employment Medical Examination

### فحص اللياقة الطبية والشهادة

|    |  |      |                     |
|----|--|------|---------------------|
| TO |  | DATE | 11:43 PM 20/08/2026 |
|----|--|------|---------------------|

|          |         |          |     |             |               |
|----------|---------|----------|-----|-------------|---------------|
| FILE NO. | 6383196 | CATEGORY | New | BLOOD GROUP | AB + positive |
|----------|---------|----------|-----|-------------|---------------|

|                  |                                                      |               |            |     |      |
|------------------|------------------------------------------------------|---------------|------------|-----|------|
| PERSONAL DETAILS |                                                      |               |            |     |      |
| NAME             | Rashid Hussain Muzaffar Hussain رشاد حسين مزفاز حسين |               |            |     |      |
| NATIONALITY      | PAKISTAN                                             | AGE           | 47 Years   | SEX | Male |
| PASSPORT / IQAMA | 2596383196                                           | DATE OF BIRTH | 01-01-1979 |     |      |

|                    |                                                      |  |  |      |                 |
|--------------------|------------------------------------------------------|--|--|------|-----------------|
| EMPLOYMENT DETAILS |                                                      |  |  |      |                 |
| SPONSOR / COMPANY  | مؤسسة مبارك بن محمد بن دهلوس الشمري للمقاولات العامة |  |  |      |                 |
| JOB DESCRIPTION    | سائق معدات ثقيلة                                     |  |  | CITY | RIYADH - الرياض |

|                     |           |    |        |          |         |
|---------------------|-----------|----|--------|----------|---------|
| MEDICAL EXAMINATION |           |    |        |          |         |
| HEIGHT              | 174       | CM | WEIGHT | 80       | KG      |
| PULSE               | 72 b/Min. |    | B.P.   | 70 - 137 | TEMP °C |
|                     |           |    |        | mmHg     |         |
| LUNGS & CHEST       | Normal    |    |        |          |         |
| CARDIO              | Normal    |    |        |          |         |
| VASCULAR            |           |    |        |          |         |
| NEUROLOGICAL        | Normal    |    |        |          |         |

|        |                 |            |           |            |
|--------|-----------------|------------|-----------|------------|
| VISION | N6 = NORMAL     |            | N6=NORMAL |            |
|        | NEAR LEFT       | 6/6=NORMAL | RIGHT     | 6/6=NORMAL |
|        | FAR LEFT        | 6/6=NORMAL | RIGHT     | 6/6=NORMAL |
|        | WITHOUT GLASSES |            |           |            |

|         |      |        |       |        |
|---------|------|--------|-------|--------|
| HEARING | LEFT | NORMAL | RIGHT | NORMAL |
|---------|------|--------|-------|--------|

|                          |                                                                   |  |  |  |  |
|--------------------------|-------------------------------------------------------------------|--|--|--|--|
| GENERAL HEALTH CONDITION | NO COUGH-NO FEVER-NO BREATHING DIFFICULTY<br>NO COVID-19 SYMPTOMS |  |  |  |  |
|--------------------------|-------------------------------------------------------------------|--|--|--|--|

|            |        |  |  |  |  |
|------------|--------|--|--|--|--|
| APPEARANCE | NORMAL |  |  |  |  |
|------------|--------|--|--|--|--|

|                                        |     |  |  |  |  |
|----------------------------------------|-----|--|--|--|--|
| IF SUFFERING FROM ANY CHRONIC DISEASES | NIL |  |  |  |  |
|----------------------------------------|-----|--|--|--|--|

|                              |              |  |  |  |  |
|------------------------------|--------------|--|--|--|--|
| ADDITIONAL COMMENTS IF ANY : | FIT FOR WORK |  |  |  |  |
|------------------------------|--------------|--|--|--|--|

|                                                                                                                               |  |  |                                                                                                     |  |  |
|-------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------------------------------------------------------------------------------------|--|--|
| NOTE : This Medical Fitness Report is Valid Till 6 Month                                                                      |  |  |                                                                                                     |  |  |
| د / شريف حبيب<br>DR. SHERIF HABIB<br>Medical Director<br>License No. 1146841/9/3<br>Dr. Shahid Hussain<br>Attending Physician |  |  | Dr. Saeed Abdul Khaliq<br>Medical Director<br>د / شريف حبيب<br>DR. SHERIF HABIB<br>Medical Director |  |  |

(QR) هذا تقرير إلكتروني مُولد، لا حاجة لتوقيع، تم التحقق منه عبر رمز الاستجابة السريعة  
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