



## MEDICAL CHECK UP SUMMARY / CERTIFICATE

### فحص اللياقة الطبية والشهادة

TO \_\_\_\_\_ DATE 09:27 PM 17/06/2025

FILE NO. 5776377 CATEGORY New BLOOD GROUP B+

| PERSONAL DETAILS |                             |               |            |     |                        |
|------------------|-----------------------------|---------------|------------|-----|------------------------|
| NAME             | ATTA ULLAH SHAH SHAH ZAREEN |               |            |     | عطاء الله شاه شاه زرين |
| NATIONALITY      | PAKISTAN                    | AGE           | 38 Years   | SEX | Male                   |
| PASSPORT / IQAMA | 2485776377                  | DATE OF BIRTH | 02/05/1987 |     |                        |

| EMPLOYMENT DETAILS |  |      |
|--------------------|--|------|
| SPONSOR / COMPANY  |  |      |
| JOB DESCRIPTION    |  | CITY |

| MEDICAL EXAMINATION |           |    |        |          |      |
|---------------------|-----------|----|--------|----------|------|
| HEIGHT              | 168       | CM | WEIGHT | 82       | KG   |
| PULSE               | 72 b/Min. |    | B.P.   | 130 / 90 | mmHg |
| LUNGS & CHEST       | Normal    |    |        |          |      |
| CARDIO VASCULAR     | Normal    |    |        |          |      |
| 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 |
|------------------------------|--------------|

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