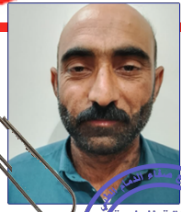




## SAFA MEDICAL CENTER DAMMAM

## مجمع صفاء الدمام الطبي العام



## MEDICAL CHECK UP SUMMARY / CERTIFICATE

## فحص اللياقة الطبية والشهادة

|    |  |      |          |            |
|----|--|------|----------|------------|
| TO |  | DATE | 10:25 AM | 25/11/2025 |
|----|--|------|----------|------------|

|          |         |          |     |             |     |
|----------|---------|----------|-----|-------------|-----|
| FILE NO. | 0219491 | CATEGORY | New | BLOOD GROUP | A - |
|----------|---------|----------|-----|-------------|-----|

|                  |                             |               |            |                       |      |
|------------------|-----------------------------|---------------|------------|-----------------------|------|
| PERSONAL DETAILS |                             |               |            |                       |      |
| NAME             | Muhammad Ishaq Umar Badshah |               |            | محمد اسحاق عمر بادشاه |      |
| NATIONALITY      | PAKISTAN                    | AGE           | 32 Years   | SEX                   | Male |
| PASSPORT / IQAMA | 2610219491                  | DATE OF BIRTH | 02-04-1993 |                       |      |

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

|                     |           |    |        |          |      |
|---------------------|-----------|----|--------|----------|------|
| MEDICAL EXAMINATION |           |    |        |          |      |
| HEIGHT              | 170       | CM | WEIGHT | 60       | KG   |
| PULSE               | 72 b/Min. |    | B.P.   | 130 / 90 | TEMP |
|                     |           |    |        | mmHg     | °C   |
| 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 |
|------------------------------|--------------|

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

SAFA MEDICAL CENTER DAMMAM  
مجمع صفاء الدمام الطبي العام

س.ت ٣٧٣-٣٠٠٠٢٠٠١ - ترخيص رقم : ٣٨/١٠٠٥١

Email: safamedicalcenter@gmail.com / safedammam@yahoo.com

تليفون : ١٣ - ١٠١٦-٨٣٤ / ١٠١٦-٨٣٤ / ١٠١٦-٨٣٥ - فاكس : ٧٧٩٦-٨٣٤ - صندوق بريد ٧٨٧١ - الدمام ٣١٤٧٣ - الأمير محمد - حي السوق - المملكة العربية السعودية

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