



## MEDICAL CHECK UP SUMMARY / CERTIFICATE / MEDICAL REPORT

TO  DATE

FILE NO  CATEGORY  BLOOD GROUP

### PERSONAL DETAILS

NAME

NATIONALITY  AGE  YRS SEX

PASSPORT NO/IQAMA  DATE OF BIRTH

### EMPLOYMENT DETAILS

SPONSOR / COMPANY

JOB DESCRIPTION  CITY

### MEDICAL EXAMINATION

HEIGHT	<input type="text" value="cm"/>	WEIGHT	<input type="text" value="kg"/>	TEMP	<input type="text" value="36.8 °C"/>
PULSE	<input type="text" value="78 b/min"/>	B.P	<input type="text" value="mmHg"/>		
LUNGS & CHEST	<input type="text" value="NORMAL"/>				
CARDIO VASCULAR	<input type="text" value="NORMAL"/>				
NEUROLOGICAL	<input type="text" value="NORMAL"/>				

VISION N6 = NORMAL N6 = NORMAL

NEAR	LEFT	<input type="text" value="6/6=NORMAL"/>	RIGHT	<input type="text" value="6/6=NORMAL"/>
FAR	LEFT	<input type="text" value="6/6=NORMAL"/>	RIGHT	<input type="text" value="6/6=NORMAL"/>

WITHOUT GLASSES

### HEARING

LEFT  RIGHT

GENERAL HEALTH CONDITION	<input type="text" value="NO COUGH-NO FEVER-NO BREATHING DIFFICULTY"/>
APPEARANCE	<input type="text" value="NORMAL"/>
IF SUFFERING FROM ANY CHRONIC DISEASES	<input type="text" value="NIL"/>
ADDITIONAL COMMENTS IF ANY:	<input type="text" value="FIT FOR WORK"/>

NOTE: THIS MEDICAL FITNESS REPORT IS VALID TILL 08/06/2025

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Dr. Habeeb Bahman Athikode  
General Physician  
طبيب عام

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