




### MEDICAL FITNESS REPORT

#### تقرير اللياقة الطبية

#### SECTION 1 : Personal Data

	<b>Name</b> Subhan UD Din Muhammad Mati Uddin	<b>Age</b> 24 Yrs.
	<b>Nationality</b> PAKISTAN سببان اد دين محمد ماتى الدين	<b>IQAMA No.</b> 2557225642
	<b>DOB</b> 01-01-2002	<b>Sex</b> Male
	<b>Marital Status</b> <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow	
	<b>Blood Group</b> A +ve	<b>Job Title</b> عامل بناء



#### SECTION 2 : Vital Data

<b>Blood Pressure</b> 80 - 117	<b>Height</b> 166 CM	<b>ECG</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal
<b>Pulse</b> <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular	<b>Weight</b> 60 Kg	<b>Color Vision</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal RT : 6/6 LT: 6/6

#### SECTION 3 : Clinical Examination / Lab Investigation

##### Clinical Examination

##### Cardiovascular Examination

<b>General Appearance</b>	N/	AB
<b>Auscultation</b>	N/	AB


##### Respiratory Examination

<b>Auscultation</b>	N/	AB
<b>Chest X-Ray</b>	N/	AB

#### NOTE :

Medical Report Dated : 16-03-2026 , Validation One Year.

#### Laboratory Investigation

	STOOL		SEROLOGY				RESULT	
	Normal	Abnormal	RESULTS				<input checked="" type="checkbox"/> FIT	UNFIT
OVA	✓		<b>HbsAG</b>	<input checked="" type="checkbox"/> Negative	<input type="checkbox"/> Positive	Hospital Stamp 		
CYST	✓		<b>HCV</b>	<input checked="" type="checkbox"/> Negative	<input type="checkbox"/> Positive			
Amoebae	✓		<b>HIV</b>	<input checked="" type="checkbox"/> Negative	<input type="checkbox"/> Positive			
Flagyal	✓		<b>VDRL</b>	<input checked="" type="checkbox"/> Negative	<input type="checkbox"/> Positive			
RBC	✓		URINE					
WBC	✓		<b>Sugar</b>	<input checked="" type="checkbox"/>	<b>Albumin</b>	<input checked="" type="checkbox"/>	<b>Blood</b>	<input checked="" type="checkbox"/>

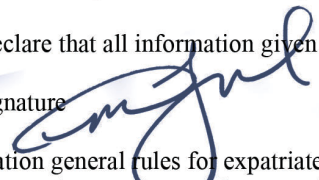
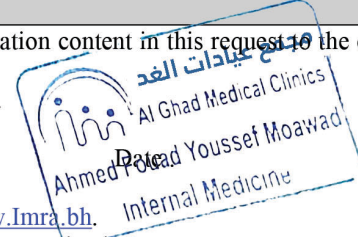


#### DECLARATION

I hereby Dr. Tayyab Mustafa Bhopal 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

\* Kindly refer to the pre-employment examination general rules for expatriates [www.Imra.bh](http://www.Imra.bh).  
\* Polio vaccination mandatory in reported country / MMR is must for expatriates from endemic area.