

MEDICAL CHECK-UP REPORT



File No. _____ Type of Patient Regular N

PERSONAL DETAILS

Name of Patient _____ Age _____ Date _____

Nationality _____ Sex M F

Passport / Iqama No. _____

EMPLOYMENT DETAILS

Sponsor / Company _____ City **JUBAIL**

Job Description _____

MEDICAL EXAMINATION

Attending Physician **Dr. Rahual Rai** Specialty **GP**

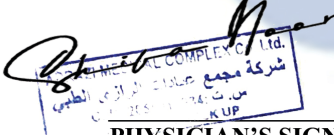
Height _____ CM Weight _____ KG Temperature **36.6** °C

BP _____ → mmHg Blood Group _____

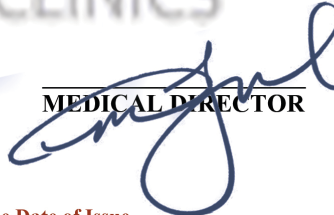
Lungs & Chest	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL					
Cardiovascular	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL					
Neurological	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL					
Vision	NEAR Left	N6 = NORMAL	RIGHT	N6 = NORMAL		
	FAR Left	6/6 = NORMAL	RIGHT	6/6 = NORMAL		
Hearing	Left	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL		RIGHT	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	

General Condition	NORMAL
Appearance	NORMAL
If Suffering from any Chronic Disease	NIL
Additional Comments (If Any)	HE IS FIT TO WORK

هذا تقرير إلكتروني مُولد، لا حاجة لتوقيع، تم التحقق منه عبر رمز الاستجابة السريعة (QR) وهذا التقرير الإلكتروني مُولد، لا حاجة لتوقيع، تم التحقق منه عبر رمز الاستجابة السريعة (QR). This is a generated electronic report, no signature is required, it has been verified via a QR code.


ARRAZI MEDICAL COMPLEX PVT. LTD.
شركة مجمع عيادات الرازي الطبي
مس.ب. ٢٠٥٥-١٩٩٣٤
KUP
PHYSICIAN'S SIGNATURE




MEDICAL DIRECTOR

Note : This Medical Fitness Report is Valid For 1 Year From The Date of Issue.