

# MEDICAL CHECK-UP REPORT



|          |  |                 |                                  |                              |
|----------|--|-----------------|----------------------------------|------------------------------|
| File No. |  | Type of Patient | <input type="checkbox"/> Regular | <input type="checkbox"/> New |
|----------|--|-----------------|----------------------------------|------------------------------|

## PERSONAL DETAILS

|                 |  |     |  |      |  |
|-----------------|--|-----|--|------|--|
| Name of Patient |  | Age |  | Date |  |
|-----------------|--|-----|--|------|--|

|             |  |     |                            |                            |
|-------------|--|-----|----------------------------|----------------------------|
| Nationality |  | Sex | M <input type="checkbox"/> | F <input type="checkbox"/> |
|-------------|--|-----|----------------------------|----------------------------|

|                      |  |  |  |  |
|----------------------|--|--|--|--|
| 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 | <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 |
|---------|------|---------------------------------|-----------------------------------|-------|---------------------------------|-----------------------------------|

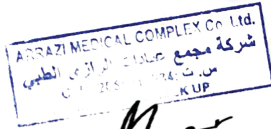
|                   |        |
|-------------------|--------|
| General Condition | NORMAL |
|-------------------|--------|

|            |        |
|------------|--------|
| 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). This is a generated electronic report, no signature is required, it has been verified via a QR code.



*Shiba Haar*  
PHYSICIAN'S SIGNATURE

*[Signature]*  
MEDICAL DIRECTOR

عيادة الرازي  
ARRAZI CLINICS