




### MEDICAL FITNESS REPORT

#### تقرير اللياقة الطبية

#### SECTION 1 : Personal Data

|   |                       |  |  |            |
|---|-----------------------|--|--|------------|
|  | <b>Name</b>           | MD Monir Hossen<br>محمد منير حسين  | <b>Age</b>                                   | 22 Yrs.    |
|   | <b>Nationality</b>    | Bangladesh - بنغلاديش  | <b>IQAMA No.</b>                             | 2637531340 |
|   | <b>DOB</b>            | 12-02-2004   | <b>Sex</b>                                   | Male       |
|   | <b>Marital Status</b> | <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow |  |            |
| <b>Blood Group</b>  | B +ve                 | <b>Job Title</b>   | عامل نظافة حدائق<br>الرياض لاقم العمل والسفر |            |

#### SECTION 2 : Vital Data

|                       |  |               |        |                     |   |
|-----------------------|--|---------------|--------|---------------------|---|
| <b>Blood Pressure</b> | 80 - 119   | <b>Height</b> | 170 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> | 57 Kg  | <b>Color Vision</b> | <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal<br>RT : 6/6 LT : 6/6 |

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

|                                   |    |    |                                |    |    |
|-----------------------------------|----|----|--------------------------------|----|----|
| <b>Clinical Examination</b>       |    |    |                                |    |    |
| <b>Cardiovascular Examination</b> |    |    | <b>Respiratory Examination</b> |    |    |
| <b>General Appearance</b>         | N/ | AB | <b>Auscultation</b>            | N/ | AB |
| <b>Auscultation</b>               | N/ | AB | <b>Chest X-Ray</b>             | N/ | AB |

#### NOTE :

MEDICAL REPORT CONDUCTED ON May 2026, VALIDATION OF REPORT TILL May 2027.

تم إجراء التقرير الطبي في 2026 ، والتحقق من صحة التقرير حتى مايو 2027

#### Laboratory Investigation

| STOOL   |          | SEROLOGY |  |                                   | RESULT   |       |                                     |
|---------|----------|----------|--|-----------------------------------|--|-------|-------------------------------------|
| Normal  | Abnormal | RESULTS  |  |                                   | <input checked="" type="checkbox"/> FIT  | UNFIT |                                     |
| OVA     | ✓        | HbsAG    | <input checked="" type="checkbox"/> Negative | <input type="checkbox"/> Positive | Hospital Stamp<br>مجمع الغد المتخصصة الطبي<br>ature Medical Specialized Group<br>التقارير الطبية |       |                                     |
| CYST    | ✓        | HCV      | <input checked="" type="checkbox"/> Negative | <input type="checkbox"/> Positive |  |       |                                     |
| Amoebae | ✓        | HIV      | <input checked="" type="checkbox"/> Negative | <input type="checkbox"/> Positive |  |       |                                     |
| Flagyal | ✓        | VDRL     | <input checked="" type="checkbox"/> Negative | <input type="checkbox"/> Positive |  |       |                                     |
| RBC     | ✓        | URINE    |  |                                   |  |       |                                     |
| WBC     | ✓        | Sugar    | <input checked="" type="checkbox"/>          | Albumin                           | <input checked="" type="checkbox"/>  | Blood | <input checked="" type="checkbox"/> |

#### DECLARATION

I hereby Dr. Tayyab Mustafa 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.

Ahmed Fouad Youssef Moawad Signature

Date : 30-05-2026

\* 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.