

# مجمع عيادات الغد المتخصصة الطبي


## Al-Ghad Specialized Clinics Complex



### MEDICAL FITNESS REPORT

#### تقرير اللياقة الطبية

#### SECTION 1 : Personal Data

	<b>Name</b>	HUANG FAXI هوانغ فاكسي	<b>Age</b>	52 Yrs.
	<b>Nationality</b>	Chinese - صيني	<b>Passport No.</b>	EQ6880546
	<b>DOB</b>	04 Dec. 1974	<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>	O +ve	<b>Job Title</b>	

#### SECTION 2 : Vital Data

<b>Blood Pressure</b>	80 - 139	<b>Height</b>	160 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>	70 Kg	<b>Color Vision</b>	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal RT : 6/6 LT: 6/6 With Glasses

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

##### Clinical Examination

##### Cardiovascular Examination

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

الريض لا يقه للمعلو والسفر

##### Respiratory Examination


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

#### NOTE :

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

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

#### 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.th](http://www.Imra.th).
- \* Polio vaccination mandatory in reported country / MMR is must for expatriates from endemic area.