

# مجمع عيادات الغد المتخصصة الطبي

## Al-Ghad Specialized Clinics Complex



### MEDICAL FITNESS REPORT

#### تقرير اللياقة الطبية

#### SECTION 1 : Personal Data

|                    |                       |   |   |                                   |                                |
|--------------------|-----------------------|---|---|-----------------------------------|--------------------------------|
|                    | <b>Name</b>           | Inamullah Din Muhammad                      | انمالله دان انمالله محمد                              | <b>Age</b>                        | 26 Yrs.                        |
|                    | <b>Nationality</b>    | PAKISTAN                                    |   | <b>IQAMA No.</b>                  | 2609099714                     |
|                    | <b>DOB</b>            | 01-01-2000                                  |   | <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>                            | مؤسسة ناصر حمد اليامي للمقاولات<br>عامل تحميل و تنزيل |                                   |                                |

#### SECTION 2 : Vital Data

|                       |  |               |        |                     |  |
|-----------------------|--|---------------|--------|---------------------|--|
| <b>Blood Pressure</b> | 80 - 128   | <b>Height</b> | 173 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> | 74 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 |

المرضى لا يلقون للمعمل والسفر

#### NOTE :

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

تم إجراء التقرير الطبي في جولائي 2026 ، والتحقق من صحة التقرير حتى جولائي 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<br>                  |   |                                     |
| 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     | ✓      |          | <b>URINE</b> |  |                                   |                                     |   |                                     |
| 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: Ahmed Fouad Youssef Moawad Date : 03-07-2026

\* 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.