

08 JULY 2026



MEDICAL FITNESS REPORT
تقرير اللياقة الطبية

SECTION 1 : Personal Data

	Name	Fazal Subhan Shah Zarin	فضل سبحان زرين شاه	Age	39 Yrs.
	Nationality	PAKISTAN		IQAMA No.	2586637627
	DOB	01-01-1987		Sex	Male
	Marital Status	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widow
	Blood Group	B +ve	Job Title	مؤسسة عنود عتيق عطا الله العطوي التجارية عامل تحميل و تنزيل	

SECTION 2 : Vital Data

Blood Pressure	80 - 131	Height	172 CM	ECG	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Pulse	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular	Weight	77 Kg	Color Vision	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal RT : 6/6 LT: 6/6

SECTION 3 : Clinical Examination / Lab Investigation

Clinical Examination		
Cardiovascular Examination		
General Appearance	N/	AB
Auscultation	N/	AB
Respiratory Examination		
Auscultation	N/	AB
Chest X-Ray	N/	AB

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	✓		HbsAG	<input checked="" type="checkbox"/> Negative	<input type="checkbox"/> Positive	Hospital Stamp مجمع الغد المتخصصة الطبي Future Medical Specialized Group 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 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 _____ Date : 08-07-2026 - 02:20 PM

* Kindly refer to the pre-employment examination general rules for expatriates www.Imra.bh.
* Polio vaccination mandatory in reported country / MMR is must for expatriates from endemic area.