



### MEDICAL FITNESS REPORT

#### تقرير اللياقة الطبية

#### SECTION 1 : Personal Data

|                                                                                   |                |                                                                                                                                              |                       |           |                    |
|-----------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------|--------------------|
|  | Name           | MUJAHID KHAN ZAHOUR                                                                                                                          | مجاهد خان زاهور مجاهد | Age       | 27 Yrs.            |
|                                                                                   | Nationality    | باكستاني                                                                                                                                     |                       | IQAMA No. | 2611277092         |
|                                                                                   | DOB            | 01 January 1998                                                                                                                              |                       | Sex       | Male               |
|                                                                                   | Marital Status | <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow |                       |           |                    |
|                                                                                   | Blood Group    | AB+                                                                                                                                          |                       | Job Title | عامل تحميل و تنزيل |

#### SECTION 2 : Vital Data

|                |                                                                                |        |        |              |                                                                                                   |
|----------------|--------------------------------------------------------------------------------|--------|--------|--------------|---------------------------------------------------------------------------------------------------|
| Blood Pressure | 90 - 115                                                                       | Height | 172 CM | ECG          | <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal                      |
| Pulse          | <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular | Weight | 79 Kg  | Color Vision | <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal<br>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 28 OCTOBER 2025, VALIDATION OF REPORT TILL OCTOBER 2026.

تم إجراء التقرير الطبي في 28 أكتوبر 2025 ، والتحقق من صحة التقرير حتى أكتوبر 2026

#### 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><br> |       |
| 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                               | Albumin                                      | Blood                               |                                                                                                             |       |
|         |        |          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>          | <input checked="" type="checkbox"/> |                                                                                                             |       |

#### DECLARATION

I hereby Dr. Tayyab Mustafa Bhopla 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.Imraa.bh](http://www.Imraa.bh).  
\* Polio vaccination mandatory in reported country / MMR is must for expatriates from endemic area.