# MEDICAL REPORT – تقـرير طبــى

| | |
|---|---|
| NAME | |
| FILE NUMBER | |
| DATE | |
| AGE | |
| SEX | |
| IQAMA NUMBER | |
| NATIONALITY | |

## PHYSICAL AND CLINICAL EXAMINATIONS

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|---|---|
| BLOOD PRESSURE | |
| HEIGHT | |
| WEIGHT | |
| RESPIRATORY SYSTEM | |
| CARDIOVASCULAR SYSTEM | |
| CENTRAL NERVOUS SYSTEM | |
| GENITO URINARY SYSTEM | |
| SKIN | |

## LABORATORY TESTS

| | |
|---|---|
| BLOOD GROUP | |

**REMARKS : Patient is Medically Fit For Job.**

**HOSPITAL STAMP** **General PHYSICAN**