



## SAFA MEDICAL CENTER DAMMAM

## مجمع صفاء الدمام الطبي العام



## MEDICAL CHECK UP SUMMARY / CERTIFICATE

## فحص اللياقة الطبية والشهادة

TO: DATE 11:52 PM 31/01/2026

FILE NO. 0609031 CATEGORY New BLOOD GROUP B +ve

| PERSONAL DETAILS |                            |               |            |                       |      |
|------------------|----------------------------|---------------|------------|-----------------------|------|
| NAME             | Zahid Iqbal Muhammad Iqbal |               |            | زايد اقبال محمد اقبال |      |
| NATIONALITY      | PAKISTAN                   | AGE           | 37 Years   | SEX                   | Male |
| PASSPORT / IQAMA | 2510609031                 | DATE OF BIRTH | 30-06-1989 |                       |      |

| EMPLOYMENT DETAILS |             |
|--------------------|-------------|
| SPONSOR / COMPANY  |             |
| JOB DESCRIPTION    | CITY الدمام |



| MEDICAL EXAMINATION |           |    |        |          |         |
|---------------------|-----------|----|--------|----------|---------|
| HEIGHT              | 172       | CM | WEIGHT | 77       | KG      |
| PULSE               | 72 b/Min. |    | B.P.   | 90 - 123 | TEMP °C |
|                     |           |    |        | mmHg     |         |
| LUNGS & CHEST       | Normal    |    |        |          |         |
| CARDIO              | Normal    |    |        |          |         |
| VASCULAR            |           |    |        |          |         |
| NEUROLOGICAL        | Normal    |    |        |          |         |

| VISION | N6 = NORMAL     |            | N6=NORMAL |            |
|--------|-----------------|------------|-----------|------------|
|        | NEAR LEFT       | 6/6=NORMAL | RIGHT     | 6/6=NORMAL |
|        | FAR LEFT        | 6/6=NORMAL | RIGHT     | 6/6=NORMAL |
|        | WITHOUT GLASSES |            |           |            |

|         |      |        |       |        |
|---------|------|--------|-------|--------|
| HEARING | LEFT | NORMAL | RIGHT | NORMAL |
|---------|------|--------|-------|--------|

|                          |                                                                   |
|--------------------------|-------------------------------------------------------------------|
| GENERAL HEALTH CONDITION | NO COUGH-NO FEVER-NO BREATHING DIFFICULTY<br>NO COVID-19 SYMPTOMS |
|--------------------------|-------------------------------------------------------------------|

|            |        |
|------------|--------|
| APPEARANCE | NORMAL |
|------------|--------|

|                                        |     |
|----------------------------------------|-----|
| IF SUFFERING FROM ANY CHRONIC DISEASES | NIL |
|----------------------------------------|-----|

|                              |              |
|------------------------------|--------------|
| ADDITIONAL COMMENTS IF ANY : | FIT FOR WORK |
|------------------------------|--------------|

|                                                                                                                               |                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| د / شريف حبيب<br>DR. SHERIF HABIB<br>Medical Director<br>License No. 1146841/9/3<br>Dr. Shahid Hussain<br>Attending Physician | NOTE : This Medical Fitness Report is Valid Till 6 Month<br>Dr. Saeed Abdul Khaliq<br>Medical Director<br>د / شريف حبيب<br>DR. SHERIF HABIB<br>Medical Director |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|

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(QR) هذا تقرير إلكتروني مُولد، لا حاجة لتوقيع، تم التحقق منه عبر رمز الاستجابة السريعة

This is a generated electronic report, no signature is required, it has been verified via a QR code.

س.ت ٣٧٣-٣٠٥٠٠ - ترخيص رقم : ٣٨/١٠٠٥١

Email: safamedicalcenter@gmail.com / safedammam@yahoo.com

تليفون : ١٣-٨٣٣-١٠١٦ / ٨٣٤-١٠١٦-٨٣٥ / فاكس : ٧٧٩٦-٨٣٤ - صندوق بريد ٧٨٧١ - الدمام ٣١٤٧٣ - الأمير محمد - حي السوق - المملكة العربية السعودية

Tel. :013 833 1016 / 834 1016 / 835 1016 - Fax 834 7796 - P.O.BOX: 7871 Dammam 31472 - Prince Mohammad Street Market Area - Kingdom of Saudi Arabia