



### MEDICAL FITNESS REPORT تقرير اللياقة الطبية

#### SECTION 1 : Personal Data

|                                                                                   |                       |                                                                                                                                              |                  |                            |            |
|-----------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|------------|
|  | <b>Name</b>           | Shumraz Khan Muhammad Anwar سوراخ خان محمد أنور                                                                                              |                  | <b>Age</b>                 | 40 Yrs.    |
|                                                                                   | <b>Nationality</b>    | PAKISTAN                                                                                                                                     |                  | <b>IQAMA No.</b>           | 2593695030 |
|                                                                                   | <b>DOB</b>            | 17-07-1986                                                                                                                                   |                  | <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>    | O +ve                                                                                                                                        | <b>Job Title</b> | لحام الرافق للمصنوع والسفر |            |

#### SECTION 2 : Vital Data

|                       |                                                                                |               |        |                     |                                                                                                   |
|-----------------------|--------------------------------------------------------------------------------|---------------|--------|---------------------|---------------------------------------------------------------------------------------------------|
| <b>Blood Pressure</b> | 80 - 129                                                                       | <b>Height</b> | 171 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> | 71 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

##### Clinical Examination

| Cardiovascular Examination |    |    |
|----------------------------|----|----|
| <b>General Appearance</b>  | N✓ | AB |
| <b>Auscultation</b>        | N✓ | AB |

| Respiratory Examination |    |    |
|-------------------------|----|----|
| <b>Auscultation</b>     | N✓ | AB |
| <b>Chest X-Ray</b>      | N✓ | AB |

#### NOTE :

MEDICAL REPORT CONDUCTED, VALIDATION OF REPORT TILL December 2026.

#### Laboratory Investigation

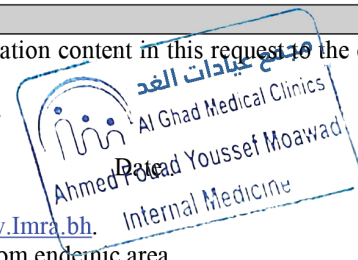
| STOOL   |        | SEROLOGY |                                                                                      | RESULT                                                                                                  |                                           |
|---------|--------|----------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------|
|         | Normal | Abnormal | RESULTS                                                                              | <input checked="" type="checkbox"/> FIT                                                                 | UNFIT                                     |
| OVA     | ✓      |          | HbsAG <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive | Hospital Stamp<br> |                                           |
| 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 Bhoppo 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.Imra.bh](http://www.Imra.bh).  
 \* Polio vaccination mandatory in reported country / MMR is must for expatriates from endemic area.