



### MEDICAL FITNESS REPORT تقرير اللياقة الطبية

#### SECTION 1 : Personal Data

|                                                                                   |                |                                                                                                                                              |                     |             |            |
|-----------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------|------------|
|  | Name           | Farman Ullah Bunir Gul                                                                                                                       | فارمان يله بونير جل | Age         | 38 Yrs.    |
|                                                                                   | Nationality    | PAKISTAN                                                                                                                                     |                     | IQAMA No.   | 2390798185 |
|                                                                                   | DOB            | 01/01/1988                                                                                                                                   |                     | Sex         | Male       |
|                                                                                   | Marital Status | <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow |                     |             |            |
|                                                                                   | Blood Group    | A +ve                                                                                                                                        | Job Title           | حافلة كبيرة |            |

#### SECTION 2 : Vital Data

|                |                                                                                |        |        |              |                                                                                                   |
|----------------|--------------------------------------------------------------------------------|--------|--------|--------------|---------------------------------------------------------------------------------------------------|
| Blood Pressure | 80 - 135                                                                       | Height | 172 CM | ECG          | <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal                      |
| Pulse          | <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular | Weight | 81 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       |    |    | Respiratory Examination |    |    |
| Cardiovascular Examination |    |    | Respiratory Examination |    |    |
| General Appearance         | N/ | AB | Auscultation            | N/ | AB |
| Auscultation               | N/ | AB | Chest X-Ray             | N/ | AB |

#### NOTE :

Medical Report Dated : 16-03-2026 , Validation Three months.

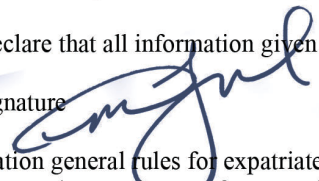
#### Laboratory Investigation

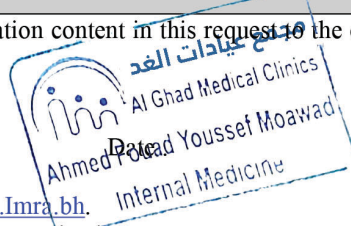
| STOOL   |          | SEROLOGY                            |                                                                                | RESULT                                                                                                  |       |
|---------|----------|-------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------|
| 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                               | Albumin                                                                        | Blood                                                                                                   |       |
|         |          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                            | <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 



Ahmed Youssef Moawad  
Internal Medicine

\* 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.