MEDICAL CHECK-UP REPORT

File No.		Type of Patient	☐ Regular ☐ N

PERSONAL DETAILS

Name of Patient		Age		Date	
Nationality		Sex	M ☐	F ☐	
Passport / Iqama No.					

EMPLOYMENT DETAILS

Sponsor / Company		City	JUBAIL
Job Description			

MEDICAL EXAMINATION

Attending Physician	Dr. Rahual Rai	Specialty	GP

Height	CM	Weight	KG	Temperature	36.6 ^{0}C
BP	→	mmHg	Blood Group		

Lungs & Chest	☐ NORMAL ☐ ABNORMAL				
Cardiovascular	☐ NORMAL ☐ ABNORMAL				
Neurological	☐ NORMAL ☐ ABNORMAL				
Vision	NEAR	Left	N6 = NORMAL	RIGHT	N6 = NORMAL
	FAR	Left	6/6 = NORMAL	RIGHT	6/6 = NORMAL
Hearing	Left	☐ NORMAL ☐ ABNORMAL		RIGHT	☐ NORMAL ☐ ABNORMAL

General Condition	NORMAL
Appearance	NORMAL
If Suffering from any Chronic Disease	NIL
Additional Comments (If Any)	HE IS FIT TO WORK

PHYSICIAN'S SIGNATURE

MEDICAL DIRECTOR

Note : This Medical Fitness Report is Valid For 1 Year From The Date of Issue.

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