



### Pre-Employment Medical Examination

### فحص اللياقة الطبية والشهادة

**FIT FOR WORK**

TO: **الرفيق لافق للمباني والسفر** DATE: 07:29 PM 01/05/2026

FILE NO. 8244491 CATEGORY New BLOOD GROUP B -

| PERSONAL DETAILS |                              |               |            |     |                            |
|------------------|------------------------------|---------------|------------|-----|----------------------------|
| NAME             | SAID ALAM KHAN MIR ALAM KHAN |               |            |     | سعيد علام خان مير علام خان |
| NATIONALITY      | PAKISTAN                     | AGE           | 38 Years   | SEX | Male                       |
| PASSPORT / IQAMA | 2618244491                   | DATE OF BIRTH | 01-01-1988 |     |                            |

| EMPLOYMENT DETAILS |                      |      |                 |
|--------------------|----------------------|------|-----------------|
| SPONSOR / COMPANY  | شركة عوض غصاب الزخوف |      |                 |
| JOB DESCRIPTION    | عامل تحميل و تنزيل   | CITY | RIYADH - الرياض |

| MEDICAL EXAMINATION |           |    |        |          |         |
|---------------------|-----------|----|--------|----------|---------|
| HEIGHT              | 172       | CM | WEIGHT | 77       | KG      |
| PULSE               | 72 b/Min. |    | B.P.   | 70 - 133 | 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 |
|------------------------------|--------------|

|                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>د / شريف حبيب<br/>DR. SHERIF HABIB<br/>Medical Director<br/>الترخيص رقم : ١١٤٦٨٤١/٩/٣<br/>License No. 1146841/9/3</p> <p><b>Dr. Shahid Hussain</b><br/>Attending Physician</p> |  | <p><b>NOTE : This Medical Fitness Report is Valid Till 6 Month</b></p> <p><b>Dr. Saeed Abdul Khaliq</b><br/>Medical Director</p> <p>د / شريف حبيب<br/>DR. SHERIF HABIB<br/>Medical Director<br/>الترخيص رقم : ١١٤٦٨٤١/٩/٣<br/>License No. 1146841/9/3</p> |
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(QR) هذا تقرير إلكتروني مُولد، لا حاجة لتوقيع، تم التحقق منه عبر رمز الاستجابة السريعة  
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