



### MEDICAL FITNESS REPORT

#### تقرير اللياقة الطبية

#### SECTION 1 : Personal Data

|                                                                                   |                                                                                                                                                                    |            |                  |            |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------|------------|
|  | <b>Name</b> Fahad Jaffar Jaffar Hussain فهد جعفر حسين                                                                                                              |            | <b>Age</b>       | 23 Yrs.    |
|                                                                                   | <b>Nationality</b>                                                                                                                                                 | PAKISTAN   | <b>IQAMA No.</b> | 2611484326 |
|                                                                                   | <b>DOB</b>                                                                                                                                                         | 23-12-2003 | <b>Sex</b>       | Male       |
|                                                                                   | <b>Marital Status</b> <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow |            |                  |            |
|                                                                                   | <b>Blood Group</b>                                                                                                                                                 | A +ve      | <b>Job Title</b> | نقل ثقيل   |

#### SECTION 2 : Vital Data

|                       |                                                                                |               |        |                     |                                                                                                   |
|-----------------------|--------------------------------------------------------------------------------|---------------|--------|---------------------|---------------------------------------------------------------------------------------------------|
| <b>Blood Pressure</b> | 80 - 120                                                                       | <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> | 67 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

|                                   |    |    |                                |    |    |
|-----------------------------------|----|----|--------------------------------|----|----|
| <b>Clinical Examination</b>       |    |    | <b>Respiratory Examination</b> |    |    |
| <b>Cardiovascular Examination</b> |    |    |                                |    |    |
| <b>General Appearance</b>         | N✓ | AB | <b>Auscultation</b>            | N✓ | AB |
| <b>Auscultation</b>               | N✓ | AB | <b>Chest X-Ray</b>             | N✓ | AB |

#### NOTE :

MEDICAL REPORT CONDUCTED ON May 2026, VALIDATION OF REPORT TILL May 2027.

تم إجراء التقرير الطبي في مايو 2026 ، والتحقق من صحة التقرير حتى مايو 2027

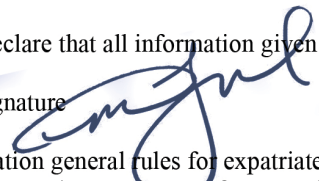
#### Laboratory Investigation

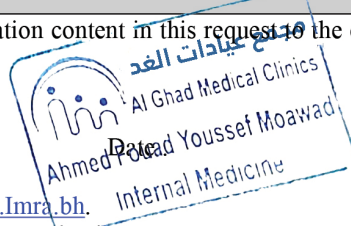
| STOOL   |          | SEROLOGY                            |                                                                                | RESULT                                                                                                  |       |
|---------|----------|-------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------|
| 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 Yousef 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.