



### MEDICAL FITNESS REPORT تقرير اللياقة الطبية

#### SECTION 1 : Personal Data

|                                                                                   |                                                                                                                                                             |            |           |              |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|--------------|
|  | Name Hamaad Ahmed Muhammad Jamil                                                                                                                            |            | Age       | 36 Yrs.      |
|                                                                                   | Nationality                                                                                                                                                 | PAKISTAN   | IQAMA No. | 2607667512   |
|                                                                                   | DOB                                                                                                                                                         | 12-11-1990 | Sex       | Male         |
|                                                                                   | Marital Status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow |            |           |              |
|                                                                                   | Blood Group                                                                                                                                                 | O +ve      | Job Title | عامل انشاءات |

#### SECTION 2 : Vital Data

|                |                                                                                |        |        |              |                                                                                                   |
|----------------|--------------------------------------------------------------------------------|--------|--------|--------------|---------------------------------------------------------------------------------------------------|
| Blood Pressure | 80 - 129                                                                       | Height | 171 CM | ECG          | <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal                      |
| Pulse          | <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular | Weight | 78 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

##### Cardiovascular Examination

|                    |    |    |
|--------------------|----|----|
| General Appearance | N/ | AB |
| Auscultation       | N/ | AB |

##### Respiratory Examination

|              |    |    |
|--------------|----|----|
| Auscultation | N/ | AB |
| Chest X-Ray  | N/ | AB |

#### NOTE :

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

تم إجراء التقرير الطبي في 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                                                                                                   |                                         |       |

#### DECLARATION

I hereby Dr. Tayyab Mustafa Bhopla 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.Imraa.th](http://www.Imraa.th).  
\* Polio vaccination mandatory in reported country / MMR is must for expatriates from endemic area.