



### Pre-Employment Medical Examination

### فحص اللياقة الطبية والشهادة

|    |  |      |                     |
|----|--|------|---------------------|
| TO |  | DATE | 04:51 PM 15/06/2026 |
|----|--|------|---------------------|

|          |         |          |     |             |       |
|----------|---------|----------|-----|-------------|-------|
| FILE NO. | 9677524 | CATEGORY | New | BLOOD GROUP | O +ve |
|----------|---------|----------|-----|-------------|-------|

|                  |                             |               |            |     |      |
|------------------|-----------------------------|---------------|------------|-----|------|
| PERSONAL DETAILS |                             |               |            |     |      |
| NAME             | Muhammad Nawaz Haji Bahadar |               |            |     |      |
| NATIONALITY      | PAKISTAN                    | AGE           | 37 Years   | SEX | Male |
| PASSPORT / IQAMA | 2339677524                  | DATE OF BIRTH | 01/01/1989 |     |      |



|                    |                       |  |  |      |        |
|--------------------|-----------------------|--|--|------|--------|
| EMPLOYMENT DETAILS |                       |  |  |      |        |
| SPONSOR / COMPANY  | عالي بادي نجر الدوسري |  |  |      |        |
| JOB DESCRIPTION    | سائق سيارة عمومي      |  |  | CITY | RIYADH |

|                     |           |    |        |          |      |
|---------------------|-----------|----|--------|----------|------|
| MEDICAL EXAMINATION |           |    |        |          |      |
| HEIGHT              | 174       | CM | WEIGHT | 79       | KG   |
| PULSE               | 72 b/Min. |    | B.P.   | 80 - 129 | TEMP |
|                     |           |    |        | mmHg     | °C   |
| 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 |
|------------------------------|--------------|

|                                                                                                                               |                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| NOTE : This Medical Fitness Report is Valid Till 6 Month                                                                      |                                                                                                     |
| د / شريف حبيب<br>DR. SHERIF HABIB<br>Medical Director<br>License No. 1146841/9/3<br>Dr. Shahid Hussain<br>Attending Physician | Dr. Saeed Abdul Khaliq<br>Medical Director<br>د / شريف حبيب<br>DR. SHERIF HABIB<br>Medical Director |

الرجوع لاقبل للمعمل والسفر

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

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