



### MEDICAL FITNESS REPORT تقرير اللياقة الطبية

| SECTION 1 : Personal Data                                                         |                |                                                                                                                                              |           |                                                        |
|-----------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------|
|  | Name           | Muhammad Iftikhar Ali Muhammad Riaz محمد افتخار علي محمد رياض                                                                                | Age       | 22 Yrs.                                                |
|                                                                                   | Nationality    | PAKISTAN                                                                                                                                     | IQAMA No. | 2634221838                                             |
|                                                                                   | DOB            | 26-04-2004                                                                                                                                   | Sex       | Male                                                   |
|                                                                                   | Marital Status | <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow |           |                                                        |
|                                                                                   | Blood Group    | B +ve                                                                                                                                        | Job Title | شركة يوسف عبد الرحمن الصقعي للمقاولات العامة جلاء بلاط |

| SECTION 2 : Vital Data |                                                                                |        |        |              |                                                                                                  |
|------------------------|--------------------------------------------------------------------------------|--------|--------|--------------|--------------------------------------------------------------------------------------------------|
| Blood Pressure         | 80 - 119                                                                       | Height | 172 CM | ECG          | <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal                     |
| Pulse                  | <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular | Weight | 74 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                           |    |    | Respiratory Examination |    |    |
| General Appearance                                   | N✓ | AB | Auscultation            | N✓ | AB |
| Auscultation                                         | N✓ | AB | Chest X-Ray             | N✓ | AB |

|                                                                             |
|-----------------------------------------------------------------------------|
| NOTE :                                                                      |
| MEDICAL REPORT CONDUCTED ON June 2026, VALIDATION OF REPORT TILL June 2027. |
| تم إجراء التقرير الطبي في 2026 ، والتحقق من صحة التقرير حتى 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 Bhagat                                                                                                                                                                                                  | 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                                                                                                                                                                                                                           | Date : 23-06-2026                                                                                |
| * Kindly refer to the pre-employment examination general rules for expatriates <a href="http://www.lmra.bh">www.lmra.bh</a> .<br>* Polio vaccination mandatory in reported country / MMR is must for expatriates from endemic area. |                                                                                                  |