

30 JULY 2026



### MEDICAL FITNESS REPORT تقرير اللياقة الطبية

#### SECTION 1 : Personal Data

|                                                                                   |                       |                                                                                                                                              |                    |                                         |            |
|-----------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------|------------|
|  | <b>Name</b>           | Murad Ali Sardar Ali                                                                                                                         | مراد علي سردار علي | <b>Age</b>                              | 33 Yrs.    |
|                                                                                   | <b>Nationality</b>    | PAKISTAN                                                                                                                                     |                    | <b>IQAMA No.</b>                        | 2561239381 |
|                                                                                   | <b>DOB</b>            | 11-10-1993                                                                                                                                   |                    | <b>Sex</b>                              | Male       |
|                                                                                   | <b>Marital Status</b> | <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow |                    |                                         |            |
|                                                                                   | <b>Blood Group</b>    | O +ve                                                                                                                                        | <b>Job Title</b>   | نقلات مياده الدوسري<br>سائق شاحنة ثقيلة |            |

#### SECTION 2 : Vital Data

|                       |                                                                                |               |       |                     |                                                                                                   |
|-----------------------|--------------------------------------------------------------------------------|---------------|-------|---------------------|---------------------------------------------------------------------------------------------------|
| <b>Blood Pressure</b> | 80 - 127                                                                       | <b>Height</b> | 173CM | <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> | 89 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

| Clinical Examination       |    |    | Respiratory Examination |    |    |
|----------------------------|----|----|-------------------------|----|----|
| Cardiovascular Examination |    |    |                         |    |    |
| <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 July 2026, VALIDATION OF REPORT TILL July 2027.

تم إجراء التقرير الطبي في جولائي 2026 ، والتحقق من صحة التقرير حتى جولائي 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 <u>Dr. Tayyab Mustafa Bhopla</u> | have no objection to release any information content in this request to the concerned Authority. |
| I Dr. <u>Sameera Ahmed</u>                | declare that all information given is true.                                                      |
| Signature                                 | Date : 30-07-2026 - 02:27 PM                                                                     |

\* 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.