MEDICAL FITNESS REPORT
اللياقة الطبية

NAME :		AGE :	
NATIONALITY :		SEX :	
ID / IQAMA # :		COMPANY :	

CONCLUSION

FIT TO WORK	FIT WITH RESTRICTIONS	UN-FIT TO WORK	PENDING (SEE RECCOMENDATION)

RECOMMENDATION:

EXAMINING PHYSICIAN

NAME : DR. MAHMOUD MONIR HAGAG	DATE OF ISSUANCE :
SIGNATURE :	SEAL :

GENERAL EXAMINATION

HEAD & NECK		HEART	
ENT		NEUROLOGY	
ABDOMEN		EXTREMITIES	
CHEST		OTHERS	

VITAL SIGNS

BLOOD PRESSURE	PULSE RATE	TEMPERATURE	WEIGHT	HEIGHT	RR	SPO2
130 / 80	62	36.7	79	178	19	99

VISION

RT EYE	6/6	LT EYE	6/8
AIDED / AIDED	NOT AIDED		
COLOR BLINDNESS TEST			

CHEST X-RAY REPORT

NORMAL	REMARKS :
ABNORMAL	