



MEDICAL FITNESS REPORT
اللياقة الطبية

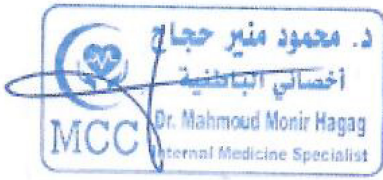


NAME :		AGE :	
NATIONALITY :		SEX :	
ID / IQAMA # :		COMPANY :	

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	