



### Pre-Employment Medical Examination

### فحص اللياقة الطبية والشهادة



|    |  |      |                     |
|----|--|------|---------------------|
| TO |  | DATE | 02:14 PM 28/11/2025 |
|----|--|------|---------------------|

|          |         |          |     |             |     |
|----------|---------|----------|-----|-------------|-----|
| FILE NO. | 3413686 | CATEGORY | New | BLOOD GROUP | O + |
|----------|---------|----------|-----|-------------|-----|

| PERSONAL DETAILS |                                   |               |            |     |                           |
|------------------|-----------------------------------|---------------|------------|-----|---------------------------|
| NAME             | Syed Saad Bacha Syed Shah Hussain |               |            |     | سيد سعد باشا سيد شاه حسين |
| NATIONALITY      | PAKISTAN                          | AGE           | 24 Years   | SEX | Male                      |
| PASSPORT / IQAMA | 2523413686                        | DATE OF BIRTH | 01-01-2001 |     |                           |

| EMPLOYMENT DETAILS |  |      |        |
|--------------------|--|------|--------|
| SPONSOR / COMPANY  |  |      |        |
| JOB DESCRIPTION    |  | CITY | RIYADH |

| MEDICAL EXAMINATION |           |    |        |          |      |
|---------------------|-----------|----|--------|----------|------|
| HEIGHT              | 170       | CM | WEIGHT | 77       | KG   |
| PULSE               | 72 b/Min. |    | B.P.   | 80 - 119 | mmHg |
| LUNGS & CHEST       | Normal    |    |        |          |      |
| CARDIO VASCULAR     | Normal    |    |        |          |      |
| 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 |
|------------------------------|--------------|

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