



### MEDICAL FITNESS REPORT

#### تقرير اللياقة الطبية

#### SECTION 1 : Personal Data

|                                                                                   |                                                    |                                                                                                                                              |                  |                  |
|-----------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------|
|  | <b>Name</b> Aadil Khan ahmed Khan ديل خان احمد خان |                                                                                                                                              | <b>Age</b>       | 29 Yrs.          |
|                                                                                   | <b>Nationality</b>                                 | PAKISTAN                                                                                                                                     | <b>IQAMA No.</b> | 2609466541       |
|                                                                                   | <b>DOB</b>                                         | 26 December 1997                                                                                                                             | <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>                                 | A +ve                                                                                                                                        | <b>Job Title</b> | سائق معدات ثقيلة |

#### SECTION 2 : Vital Data

|                       |                                                                                |               |        |                     |                                                                                                   |
|-----------------------|--------------------------------------------------------------------------------|---------------|--------|---------------------|---------------------------------------------------------------------------------------------------|
| <b>Blood Pressure</b> | 80 - 118                                                                       | <b>Height</b> | 172 CM | <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> | 78 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 January 2026, VALIDATION OF REPORT TILL January 2027.

تم إجراء التقرير الطبي في 26 كانون الثاني 2026 ، والتحقق من صحة التقرير حتى 26 كانون الثاني 2027

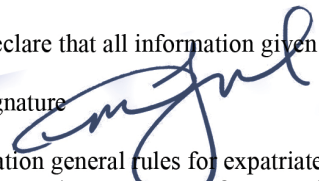
#### Laboratory Investigation

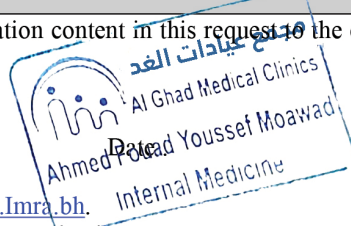
| STOOL   |          | SEROLOGY |                                                                                | RESULT                                                                                                  |       |
|---------|----------|----------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------|
| 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                                                                                                   |       |

#### DECLARATION

I hereby Dr. Tayyab Mustafa Bhoppal 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 

  
Ahmed Youssef Moawad  
Internal Medicine

\* 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.