

CANDIDATE INFORMATION



Name
MUHAMMAD SHOUKAT
Marital status
Married
Passport No.
MV5199851
Age
24
Height
176.0 cm
Weight
87.0 kg
BMI
28.09

Gender
Male
Passport expiry date
23/1/2028
National ID
3240282739857

Nationality
Pakistani
Phone
+923356427793

Traveling to
UAE
Profession
Worker

28 JAN 2026

MEDICAL EXAMINATION: GENERAL

Blood pressure **120/80** Pulse/min **77**
RR/min **16**

VISUAL ACUITY AIDED AND UNAIDED

Colour vision **Normal** Comments
DISTANT/AIDED
Left eye 6/ - Right eye 6/ -
DISTANT/UNAIDED
Left eye 6/ **6** Right eye 6/ **6**
NEAR/AIDED
Left eye 20/ - Right eye 20/ -
NEAR/UNAIDED
Left eye 20/ **20** Right eye 20/ **20**

HEARING

Left ear **Normal** Right ear **Normal**

SYSTEM EXAMINATION

General appearance **NAD** Cardiovascular **NAD**
Respiratory **NAD** ENT **NAD**

GASTRO INTESTINAL

Abdomen (Mass, tenderness) **NAD** Hernia **NAD**

GENITOURINARY

Genitourinary **NAD** Hydrocele **NAD**

MUSCULOSKELETAL

Extremities **NAD** Back **NAD**
Skin **NAD** C.N.S. **NAD**
Deformities **NAD**

MENTAL STATUS EXAMINATION

APPEARANCE

Appearance **NAD** Speech **NAD**
Behaviour **NAD**

COGNITION

Cognition **NAD** Orientation **NAD**
Memory **NAD** Concentration **NAD**
Mood **NAD** Thoughts **NAD**
Others Remarks

INVESTIGATION

Chest X-Ray **NAD** Comment

LABORATORY INVESTIGATION

BLOOD

Blood group **B+** Haemoglobin **15.7** g/dL

THICK FILM FOR

Malaria **Absent** Micro filaria **Absent**

BIOCHEMISTRY

R.B.S **86.0** L.F.T **Normal**
Creatinine **0.7**

SEROLOGY

HIV1&II **Negative** HBs Ag **Negative**
Anti HCV **Negative** VDRL **Negative**
TPHA (if VDRL positive) **Negative**

URINE

Sugar **Negative**

STOOL

ROUTINE

Helminthes **Absent** OVA **Absent**
CYST **Absent** Others **STOOL ND**

VACCINATION STATUS

Polio **No** Date
MMR 1 **No** Date
MMR 2 **No** Date
Meningococcal **No** Date
COVID-19 **No** Date

Remarks

Mentioned above is the medical report for Mr./Ms.
MUHAMMAD SHOUKAT who is Fit for the above mentioned
job according to the GCC criteria

Dr. Abdul Shakoor

Doctor's name **Medical Officer**

Signature



FIT

