

3264
UAEوافد
WafidG.H.C. Code No.
02/01/12GCC Slip No.
808112025756987
24

Detailed candidate report

Medical center name
Rafay Diagnostic Centre
Date examined
11/11/2025
Report expiry date
12/1/2026مجلس الصحة
لحلول مجلس التعاون
Gulf Health Council10-11
(8)

CANDIDATE INFORMATION

Name
Abid noor
Marital status
UnmarriedPassport No.
GQ0006012Age
26Gender
Male
Passport expiry
date
14/7/2029
National ID
2170874396013Nationality
Pakistani
Phone
+923354418824Traveling to
UAE
Profession
LabourHeight
179.0 cmWeight
76.0 kgBMI
23.72

MEDICAL EXAMINATION: GENERAL

Blood pressure
120/80
RR/min
16
Pulse/min
70Chest X-Ray
NAD
Comment

VISUAL ACUITY AIDED AND UNAIDED

Colour vision
Normal
Comments

DISTANT/AIDED

Left eye 6/
6
Right eye 6/
6

DISTANT/UNAIDED

Left eye 6/
6
Right eye 6/
6

NEAR/AIDED

Left eye 20/
20
Right eye 20/
20

NEAR/UNAIDED

Left eye 20/
20
Right eye 20/
20

HEARING

Left ear
Normal
Right ear
Normal

SYSTEM EXAMINATION

General
appearance
Respiratory
NAD
Cardiovascular
NAD
ENT
NAD

GASTRO INTESTINAL

Abdomen (Mass,
tenderness)
NAD
Hernia
NAD

GENITOURINARY

Genitourinary
NAD

MUSCULOSKELETAL

Extremities
NAD
Skin
NAD
Deformities
NADHydrocele
NADBack
C.N.S.
NAD

MENTAL STATUS EXAMINATION

APPEARANCE

Appearance
Behaviour
NAD
NAD
Speech
NAD

COGNITION

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

INVESTIGATION

LABORATORY INVESTIGATION

BLOOD

Blood group
O+
Haemoglobin
g/dL
18.0

THICK FILM FOR

Malaria
Absent
Micro filaria
Absent

BIOCHEMISTRY

R.B.S
Creatinine
102.0
0.7
L.F.T
Normal

SEROLOGY

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

URINE

Sugar
Negative
Albumin
Negative

STOOL

ROUTINE

Helminthes
CYST
Absent
Absent
OVA
Others
Absent

VACCINATION STATUS

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

Remarks

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

Dr. Madiha Bashir

Doctor's name

Physician

Signature



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