

## MEDICAL FITNESS CERTIFICATE

### A. History:

- Present illness: .....
- Past history: ..... / 100 ... 17.2
- Family history: .....
- Vaccination: ☒ Immunized ☐ Non-immunized.

### B. Examination:

- General Examination:**
  - Height: 183 cm. Weight: 78 Kg.
  - Nutritional Status: ☒ Normal. ☐ Undernourished. ☐ Obese
  - Vital signs: Pulse ..... / minutes. Blood pressure: 120/80 mmHg.
  - Temp: 37.5
  - Skin: Normal
  - Head & Neck: Normal

### Systemic Examination:

- Respiratory system:**
  - Upper resp. tract: ☒ Normal. ☐ Abnormal. Notes: .....
  - Lower resp. tract: ☒ Normal. ☐ Abnormal. Notes: .....
- CVS:** ☒ Normal. ☐ Abnormal. Notes: .....
- Abdomen & pelvis:** ☒ Normal. ☐ Abnormal. Notes: .....
- Nervous System:**
  - Special senses: ☒ Normal. ☐ Abnormal. Notes: .....
  - Cognitive function: ☒ Normal. ☐ Abnormal. Notes: .....
  - Sensory system: ☒ Normal. ☐ Abnormal. Notes: .....
  - Motor system: ☒ Normal. ☐ Abnormal. Notes: .....
- Locomotro system:** ☒ Normal. ☐ Abnormal. Notes: .....

### C. Investigations:

- CBC:** ☒ Normal. ☐ Abnormal. Notes: .....
- HCV:** ☒ Negative. ☐ Positive. Notes: .....
- HBV:** ☒ Negative. ☐ Positive. Notes: .....
- HIV:** ☒ Negative. ☐ Positive. Notes: .....
- Urine Ex:** Normal

### D. Final decision:

I have evaluated the above-named applicant on the basis of his/her personal declaration, my clinical examination and blood investigation & I declar.

THE ABOVE APPLICANT IS  
PHYSICALLY

Name: Ebrahim Omar Saeed AL-DINI

Age: 21 years.

Sex: ☒ M ☐ F

☒ FIT ☐ UNFIT

Dr: Dr. ...

Date: 25/11/2018

Signature: ...