NEOSYS medicare (pvt) ltd
trusted quality
Website: www.neosys.lk

Ministry of Health Reg No: PHSRC/MC/290

# 554/01, Mardana Road,Maradana,
Colombo-10, Sri Lanka.
Hotline: +94 11 43 430 43 | +94 77 710 1542
Email :neosyshc@gmail.com

**Pre Medical**

## Medical Examination and Diagnostic Services

| Serial No: | To: State of Qatar | Date: 2025-10-23 |
|---|---|---|



| | | | |
|---|---|---|---|
| Full Name: | Mr. Mohamed Aliyar Mohamed Afnan | | |
| Address of Applicant: | | | |
| Position Applied for: | Airport Cleaner | Agency Ref No : CRI/25/2842 | |
| Recruiting Agency: | Capital Recruitment International (Pvt) Ltd | L.L.No: | 2248 |
| Passport No: | P0070992 | Place of Issue: | Colombo |
| Nationality: | Sri Lankan | Marital Status: | Single |
| Age: 21 Y | Sex: Male | Height: 157 cm | Weight: 57 kg |

**Past Medical History:**

1. Psychiatric and neurological disorders ( Epilepsy, Depression, Schizophrenia) ....Nil 2. Allergy...Nil 3. Others....Nil

I hereby permit Neosys Healthcare and the undersigned physician to furnish such information the company may need pertaining to my health status and other pertinent and medical findings and do hereby release them any and all legal responsibility by doing so. I also certify that my medicalhistory contained above is true and any false statement will disqualify me from employment, benefits and claims

Signature of examinee .....

**Valid Only 30 Days**

| MEDICAL EXAMINATION | | Results |
|---|---|---|
| General Examination | Deformities | Nil |
| | Anaemia | Nil |
| | Jaundice | Nil |
| | Goiter | Nil |
| | Varicose Vein | Nil |
| | Skin | Normal |
| Vision | Right | 6/6 |
| | Left | 6/6 |
| Hearing | Right | Normal |
| | Left | Normal |
| Cardiovascular System | Pulse | 80 |
| | Blood Pressure | 130/80 mm/Hg |
| | Heart Sound | Normal |
| | Others | |
| Respiratory System | Lungs | Normal |
| | Chest X-Ray | Normal - 35888 |
| | Others | |
| Gastrointestinal System | Abdomen | Soft |
| | Hernia | Nil |
| | Others | |
| Genitourinary System | Appearance | Normal |
| | Hydrocele | Nil |
| | Orchitis | Nil |
| | Others | |
| Locomotor System | Gait | Normal |
| | Joints | Normal |
| | Extremities | Normal |
| | Others | |

| LABORATORY INVESTIGATIONS | | Results |
|---|---|---|
| Urine | Sugar | Nil |
| | Albumin | Nil |
| | Bilirubin | Nil |
| | Others | |
| Stool | Helminths | Not Tested |
| | Bilharziasis | Not Tested |
| | Salmonella | Not Tested |
| | Shigella | Not Tested |
| Blood | Blood Group/Rh | B+ |
| | Haemoglobin | 15.7 g/dl |
| | ESR | Not Tested |
| | Malaria Film | Not Tested |
| | Micro Filariasis | Not Tested |
| Serology | VDRL | Non Reactive |
| | TPHA | Negative |
| | HIV 1&2(ELISA) | Negative |
| | HBs Ag | Negative |
| | HepA Ig M | Not Tested |
| | HCV | Negative |
| | Pregnancy Test | Not Applicable |
| | RBS | 104 mg/dl |
| | S.creatinine | Not Tested |
| | SGOT | Not Tested |
| | SGPT | 11 iu/l |
| | Total Cholesterol | Not Tested |
| | Alk. Phosphatase | Not Tested |
| | Blood Urea | Not Tested |
| | Bilirubin | Not Tested |

I here by certify that Mr./ Mrs./ Miss..... Mr. Mohamed Aliyar Mohamed Afnan .....
is Free from any contagious disease at the time of examination and Fit/ Unfit for employment abroad

Dr. Mohamed Junaideen
Mohomed Rushdhi
MBBS (Sri Lanka)
SLMC Reg. No. 16947

Authorized Signature

Remarks: