



ALMANSOORI SPECIALIZED ENGINEERING

HEALTH MONITORING MANAGEMENT SYSTEM

To : _____ Division : _____

From : HSEQ Date : _____

Subject: Medical Fitness Certificate

Dear _____,

_____ medical check-up showed you're in **Category 2**.

Your _____ is/are elevated.

In order to avoid serious consequences **diet control and regular exercise** will help you improve your health condition during your stay at AlMansoori. Kindly repeat the mentioned laboratory test within **2 months** and furnish us a copy.

Sincerely,

Dr. Edna Aricaya-Huevos
Health Advisor