



## PEACE LAND MEDICAL CENTER MUKHAIZNA

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## MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Ent 18062 Reg.Dt 22/10/2022

10 AMIR MASOOD

COMPLETE YOUR PERSONAL  
INFORMATION IN BLOCK CAPITALS

Place of examination: MUKHAIZNA Date: 22-10-22

If a dependant enter employee's name here:

Surname:

Birth date: 15-12-79 Nationality: PAKISTANI

 Male  Female Married  Single  Separated /Divorced

Surname

Forenames

AMIR MASOOD

Address

92178999

Home telephone number

99506444

(Emp #1505)

Forenames:

PAKISTAN

Religion: MUSLIM

 Wife  Son  DaughterNumber of  
children: 1

Reason for examination

Pre-Employment

 Periodic medical check-up 

Job: H.D. DRIVER

Pre-Overseas 

Area:

Name and address of family doctor

List your last 3 jobs

(1)

(2)

(3)

Are you a Registered Disabled Person? (UK only) Do you belong to any Medical Insurance Scheme? 

DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)

	Y	N		Y	N		Y	N
1. Sinus trouble			21. Cancer			HAVE YOU EVER BEEN:-		
2. Neck swelling/glands			22. Heart Disease			41. Rejected for employment or insurance for medical reasons		1
3. Difficulty in vision			23. Rheumatic fever			42. Awarded benefits for industrial injury/illness		1
4. Any ear discharge			24. Abnormal heartbeat			43. Treated for a mental condition, e.g. depression		1
5. Asthma/bronchitis			25. High blood pressure			44. Treated for problem drinking or drug abuse		1
6. Hayfever /other significant allergy			26. Stroke			45. Exposed to toxic substance or noise		1
7. Any skin trouble			27. Serious chest pain			FOR WOMEN ONLY		
8. Tuberculosis			28. Any blood disease			Have you ever had:-		
9. Shortness of breath			29. Kidney disease			46. An abnormal smear		
10. Coughed/vomited blood			30. Blood in urine			47. Any gynaecological treatment		
11. Severe abdominal pain			31. Painful passage of urine			48. Are you pregnant?		
12. Stomach ulcer			32. Diabetes			49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
13. Recurrent indigestion			33. Headaches/migraine					
14. Jaundice or hepatitis			34. Dizziness/fainting					
15. Gall Bladder disease			35. Epilepsy					
16. Marked change in bowel habits			36. Joints/spinal trouble					
17. Blood in stools (motions)			37. Surgical operation					
18. Marked change in weight			38. Serious accident/fracture					
19. Varicose veins			39. Tropical disease					
20. Lump in breast/armpit			40. Fear of heights					

How much tobacco each day? 0/0

Average daily alcohol consumption 0/0

Have you ever taken elicited drugs? ( )

FAMILY HISTORY: Diabetes ( ) Tuberculosis ( ) Epilepsy ( ) Asthma ( ) Eczema ( )  
Heart disease ( ) High blood pressure ( ) Stroke ( ) Blood Disease ( ) Cancer ( )

## PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:-

I declared these statements to be true to the best of my knowledge and belief and I agree that the result of this medical examination in general terms may be revealed to the Company if required, and the details sent to my own doctor if this is considered necessary by the examining medical officer.

Date: 22-10-22

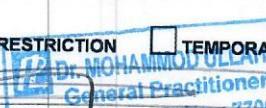
Signature of Applicant:





PEACE LAND MEDICAL CENTER MUKHAIZNA

**FOR COMPLETION BY EXAMINING DOCTOR OR NURSE**  
Further details of medical history and recreational activities

N = Normal		A = Abnormal (please describe)		PHYSICAL EXAMINATION							
N	A										
/	1. Eyes & Pupils										
/	2. E.N.T.										
/	3. Teeth & Mouth										
/	4. Lungs & Chest										
/	5. Cardiovascular System										
/	6. Abdo. Viscera										
/	7. Hernial Orifices										
/	8. Anus & Rectum										
/	9. Genito-urinary										
/	10. Extremities										
/	11. Musculo-skeletal										
/	12. Skin & Varicose Vns.										
/	13. C.N.S.										
/	14. Breast										
HEIGHT cm	WEIGHT kg	BMI	B.P. 124 80	PULSE 77 mins.	HEARING L N R N	VISION DISTANT R L R L Uncorrected 6/6 Corrected 6/6			Colour Vision	Blood Group	
173	91	30.4							N	A	
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A				
/	1. Urinalysis					/		7. Audiogram			
/	2. Hb, Bloodcount, ESR							8. Lung Function			
/	3. LFT, RFT, RBS							9. Chest X-Ray			
/	4. Drug Screen							10. ECG			
/	5. Lipids (40 years +)							11. CVS risk for 40 yrs. & above			
/	6. Sickle Cell test							12. HIV, Hepatitis screening			
OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)											
ASSESSMENT:											
<input checked="" type="checkbox"/> FIT ALL AREAS		<input type="checkbox"/> FIT WITH RESTRICTION		<input type="checkbox"/> TEMPORARY UNFIT		<input type="checkbox"/> UNFIT					
 <b>Dr. MOHAMMAD JELAL</b> General Practitioner MCH License No. : 7790											
Date:		Name (Block Capitals): Dr. / Nurse						Signature:			
REVIEW/CONSULTATION											
Date:		Name (Block Capitals): Dr. / Nurse						Signature:			