PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	PARAMESWARAN
Forenames	SANTHOSH KUMAR
Address	11C913UUS - Tuticorin
Home telephone number	79155495

Place of examination: nmp	Date: 20/9/24		
If a dependant enter employee's name here: Surname:		Forenames:	
Birth date: 11/3/68	Nationality: Indian	Country of birth: India	Religion: Hindu
☑ Male ☐ Female	☑ Married ☐ Single ☐ Separated /Divorced	Relationship to employee: ☐ Wife ☐ Son ☐ Daughter	Number of children:
Reason for examination: Pre-Employment ☐ Periodic medical check-up ☐ Pre-Overseas ☐		Job: Mechanic 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		
3. Difficulty in vision			23. Rheumatic fever					
4. Any ear discharge			24. Abnormal heartbeat			42. Awarded benefits for industrial injury/illness		
5. Asthma/bronchitis			25. High blood pressure	✓				
6. Hayfever /other significant allergy			26. Stroke			43. Treated for a mental condition, e.g. depression		
7. Any skin trouble			27. Serious chest pain					
8. Tuberculosis			28. Any blood disease			44. Treated for problem drinking or drug abuse		
9. Shortness of breath			29. Kidney disease					
10. Coughed/vomited blood			30. Blood in urine			45. Exposed to toxic substance or noise		
11. Severe abdominal pain			31. Painful passage of urine					
12. Stomach ulcer			32. Diabetes			**FOR WOMEN ONLY**		
13. Recurrent indigestion			33. Headaches/migraine			Have you ever had:-		
14. Jaundice or hepatitis			34. Dizziness/fainting			46. An abnormal smear		
15. Gall Bladder disease			35. Epilepsy			47. Any gynaecological treatment		
16. Marked change in bowel habits			36. Joints/spinal trouble					
17. Blood in stools (motions)			37. Surgical operation			48. Are you pregnant?		
18. Marked change in weight			38. Serious accident/fracture			49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
19. Varicose veins			39. Tropical disease					
20. Lump in breast/armpit			40. Fear of heights					

How much tobacco each day? NO — Average daily alcohol consumption NO

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: 20/9/24 **Signature of Applicant:**

PEACE LAND MEDICAL CENTER

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

N	A	N = Normal A = Abnormal (please describe)	PHYSICAL EXAMINATION
✓		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 (MMHG)	PULSE	HEARING	VISION DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
163	61	23	130/84	69/mins.	L ✓ R	Uncorrected				N	
						Corrected	6/6	6/6			

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 +)		13.2%		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.)

Hypertension & dyslipidaemia On medications.

ASSESSMENT:

☑ **FIT ALL AREAS** ☐ **FIT WITH RESTRICTION** ☑ **TEMPORARY UNFIT** ☐ **UNFIT**

Date: 21/9/2021 Name (Block Capitals): Dr. / Nurse Signature:

DR. ABDULRAHMAN ABDULLATIF
General Practitioner
MOH License No.: 19486

REVIEW/CONSULTATION

Date: Name (Block Capitals): Dr. / Nurse Signature: