


MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

		Surname HUSSAIN Forenames RAFQAT HUSSAIN Address 101602393 - Premier Legen Home telephone number 94465097																																																																																					
Place of examination MLT	Date 13/21																																																																																						
If a dependant enter employee's name here: Surname: tolu		Forenames:																																																																																					
Birth date: 10/11/81	Nationality: Pakistan	Country of birth: Pakistan	Religion: Muslim																																																																																				
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced	<input type="checkbox"/> Wife 3 <input type="checkbox"/> Son 2 <input checked="" type="checkbox"/> Daughter	Number of children: 5																																																																																				
Reason for examination	Pre-Employment <input type="checkbox"/> Pre-Overseas <input type="checkbox"/>	Periodic medical check-up <input type="checkbox"/>	Job: Operator																																																																																				
Name and address of family doctor	List your last 3 jobs (1) (2) (3)																																																																																						
Are you a Registered Disabled Person? (UK only) <input type="checkbox"/>	Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>																																																																																						
DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)																																																																																							
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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: 13/21	Signature of Applicant: RAFQAT																																																																																						



PEACE LAND MEDICAL CENTER

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 (MMHG)	PULSE b1/mins.	HEARING L R	VISION			Colour Vision	Blood Group			
169		63	22	117 74		N	DISTANT R L	NEAR R L						
						Uncorrected Corrected	b1 b1	b1 b1						
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 +)								2.890			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:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

Date: 11/3/2021 Name (Block Capitals): Dr. / Nurse

Signature:

REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr. / Nurse

Signature: