PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname: ALI AL HARMALI
Forenames: SALEEM ZAYID ABDULLAH
Address: 22473345 – Touk Oman
Home telephone number: 95346118

Place of examination: mil
Date: 13/7/2020

If a dependant enter employee's name here:
Surname:
Forenames:

Birth date: 12/8/87
Nationality: Omani
Country of birth: Oman
Religion: Muslim

☑ 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: driver
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
1. Sinus trouble		✓	21. Cancer		✓
2. Neck swelling/glands		✓	22. Heart Disease		✓
3. Difficulty in vision		✓	23. Rheumatic fever		✓
4. Any ear discharge		✓	24. Abnormal heartbeat		✓
5. Asthma/bronchitis		✓	25. High blood pressure		✓
6. Hayfever /other significant allergy		✓	26. Stroke		✓
7. Any skin trouble		✓	27. Serious chest pain		✓
8. Tuberculosis		✓	28. Any blood disease		✓
9. Shortness of breath		✓	29. Kidney disease		✓
10. Coughed/vomited blood		✓	30. Blood in urine		✓
11. Severe abdominal pain		✓	31. Painful passage of urine		✓
12. Stomach ulcer		✓	32. Diabetes		✓
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		✓

HAVE YOU EVER BEEN:-	Y	N
41. Rejected for employment or insurance for medical reasons		✓
42. Awarded benefits for industrial injury/illness		✓
43. Treated for a mental condition, e.g. depression		✓
44. Treated for problem drinking or drug abuse		✓
45. Exposed to toxic substance or noise		✓
FOR WOMEN ONLY Have you ever had:-		
46. An abnormal smear		
47. Any gynaecological treatment		
48. Are you pregnant?		
49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		

How much tobacco each day? 10-11 / day
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: 13/07/20

Signature of Applicant: [signature]

Peace Land

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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	HEARING	VISION	Colour Vision	Blood Group
160	73	28.5	120/80	62/mins.	L R N	DISTANT R L: Uncorrected 6/6 6/6; Corrected —; NEAR R L: —	N	

LABORATORY AND OTHER SPECIAL INVESTIGATIONS

N	A		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:

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

Date: 13/7/2021 Name (Block Capitals): Dr. / Nurse Signature: [signature]

[Stamp: PEACE LAND MEDICAL CENTER] [Stamp: Dr. ABDULRAHMAN ABDULLATEIF, General Practitioner, MOH License No.: 13486]

REVIEW/CONSULTATION

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