



PEACE LAND MEDICAL CENTER

**MEDICAL EXAMINATION REPORT (CONFIDENTIAL)**

PLEASE COMPLETE YOUR PERSONAL  
DETAILS IN BLOCK CAPITALS

<p>PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS</p>		Surname																																																																					
		Forenames MUHAMMAD AJMAL																																																																					
		Address 88961051 T.O 6931																																																																					
		Home telephone number 98571457																																																																					
Place of examination		Date 5/6/2021																																																																					
If a dependant enter employee's name here: Surname: Birth date: 22/7/91		Forenames: Country of birth: PAKISTAN Religion: MUSLIM																																																																					
<input 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 <input type="checkbox"/> Son <input type="checkbox"/> Daughter																																																																					
Reason for examination		Pre-Employment <input type="checkbox"/> Periodic medical check-up <input checked="" type="checkbox"/> Pre-Overseas <input type="checkbox"/>																																																																					
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? <input checked="" type="checkbox"/>		Average daily alcohol consumption <input checked="" type="checkbox"/>																																																																					
Have you ever taken elicited drugs? ( )																																																																							
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Date: 5/6/2021

Signature of Applicant: *John A. Smith*