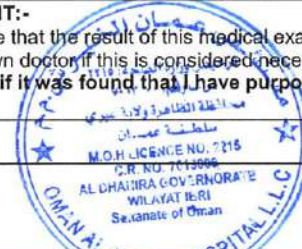


Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Place of examination: Aster Hospital, Ibri		Date: 20/10/21	Surname: Vasey	
If a dependant enter employee's name here:		Forenames: Abraham		
Birth date: 31-05-1983		Address: Tuck Green		
Nationality: Indian		Home telephone number:		
Project: Tuck Green		Country of birth: India		
Religion:		Relationship to employee:		
☒ Male ☐ Female	☐ Married ☐ Single ☐ Separated /Divorced	☐ Wife ☐ Son ☐ Daughter		Number of children:
Reason for examination		Pre-Employment ☐ Job:		
Pre-Overseas ☐ Area:				
Name and address of family doctor		List your last 3 jobs		
		(1)		
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. Diabetes	/
12. Stomach ulcer		/	32. Headaches/migraine	/
13. Recurrent indigestion		/	33. Dizziness/fainting	/
14. Jaundice or hepatitis		/	34. Epilepsy	/
15. Gall Bladder disease		/	35. Joints/spinal trouble	/
16. Marked change in bowel habits		/	36. Surgical operation	/
17. Blood in stools (motions)		/	37. Serious accident/fracture	/
18. Marked change in weight		/	38. Tropical disease	/
19. Varicose veins		/	39. Fear of heights	/
20. Lump in breast/armpit		/		
HAVE YOU EVER BEEN:-				
40. Rejected for employment or insurance for medical reasons				
41. Awarded benefits for industrial injury/illness				
42. Treated for a mental condition, e.g. depression				
43. Treated for problem drinking or drug abuse				
44. Exposed to toxic substance or noise				
FOR WOMEN ONLY				
Have you ever had:-				
45. An abnormal smear				
46. Any gynaecological treatment				
47. Are you pregnant?				
48. Have you had an illness not mentioned above				
How much tobacco each day? Average daily alcohol consumption				
Have you ever taken elicited drugs? () PDO test all new/potential employees for elicited/recreational 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. I am also aware that PDO reserve the right to dismiss me if it was found that I have purposely withheld important medical information.				
Date: 20/10/21		Signature of Applicant:		



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.

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION				Colour Vision	Blood Group
178	77.2	24.92	103/63	76 /mins.	L R	DISTANT	NEAR				
						R	L	R	L		
						Uncorrected	6/6	6/6			
						Corrected					

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. Sickie Cell test				12. HIV, Hepatitis screening

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

noted high cholesterol - Reli - daily / Green -
Hes to do hepat Panel
(fatty)

ASSESSMENT:

☒ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ EMPORARY UNFIT ☐ UNFIT

Date: 20/10/2021 Name (Block Capitals): Dr.

Signature:

REVIEW/CONSULTATION

Date: 20-10-2021 Name (Block Capitals): Dr. KIRAN RAVEENDRAN NAIR
GENERAL PRACTITIONER

