PEACE LAND MEDICAL CENTER #6933

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	RATTAN SINGH.
Forenames	DIDAR SINGH
Address	98119749 – Prem. Loguttu
Home telephone number	9U629293

Place of examination 9/3/21	Date Mult		
If a dependant enter employee's name here: Surname:		Forenames:	
Birth date: 5/3/91	Nationality: Indian	Country of birth: Indian	Religion: Sikh.
☑ Male ☐ Female	☐ Married ☑ Single ☐ Separated /Divorced	☐ Wife ☐ Son ☐ Daughter	Number of children:
Reason for examination: Pre-Employment ☐ Periodic medical check-up ☐ Pre-Overseas ☐		Job: Operator 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: 9/3/21 **Signature of Applicant:** Didar Singh

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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
159	68	26.9	130/80	77 /mins.	L N R	Uncorrected 6/6	6/6			N	
						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 +)	9 Profile			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.)

For diet control & regular exercise.

ASSESSMENT:

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

Date: 9/3/2021 Name (Block Capitals): Dr. / Nurse Signature:

PEACE LAND MEDICAL CENTER

Dr. IMAD OMER AL-AMAEN
General Practitioner
MOH License No. : 690

REVIEW/CONSULTATION

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