



EQUITY M&T

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PEACE LAND MEDICAL CENTER MUKHAIZNA

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Ident 16348 Reg.Dt 23/11/2022

Name AKHTAR ALI ABDULQAYUM

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname ABDUL QAYUM	
Forenames AKHTAR ALI	
Address 61512772	
Home telephone number 92393224	

Place of examination: MUKHAIZNA Date: 23-11-22			
If a dependant enter employee's name here: Surname: 			
Forenames: 			
Birth date: 4-6-1966	Nationality: PAKISTANI		
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"/> Relationship to employee <input type="checkbox"/> Wife <input checked="" type="checkbox"/> Son <input type="checkbox"/> Daughter	Number of children: 5
Reason for examination	Pre-Employment <input type="checkbox"/> Periodic medical check-up <input checked="" type="checkbox"/>	Job: HD DRIVER	
	Pre-Overseas <input type="checkbox"/>	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		41. Rejected for employment or insurance for medical reasons	
2. Neck swelling/glands		22. Heart Disease		42. Awarded benefits for industrial injury/illness	
3. Difficulty in vision		23. Rheumatic fever		43. Treated for a mental condition, e.g. depression	
4. Any ear discharge		24. Abnormal heartbeat		44. Treated for problem drinking or drug abuse	
5. Asthma/bronchitis		25. High blood pressure		45. Exposed to toxic substance or noise	
6. Hayfever /other significant allergy		26. Stroke		FOR WOMEN ONLY	
7. Any skin trouble		27. Serious chest pain		Have you ever had:-	
8. Tuberculosis		28. Any blood disease		46. An abnormal smear	
9. Shortness of breath		29. Kidney disease		47. Any gynaecological treatment	
10. Coughed/vomited blood		30. Blood in urine		48. Are you pregnant?	
11. Severe abdominal pain		31. Painful passage of urine		49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE	
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			

How much tobacco each day? **OCCASIONALLY** Average daily alcohol consumption **NO**Have you ever taken elicited drugs? **()**

FAMILY HISTORY:	Diabetes <input checked="" type="checkbox"/>	Tuberculosis <input checked="" type="checkbox"/>	Epilepsy <input checked="" type="checkbox"/>	Asthma <input checked="" type="checkbox"/>	Eczema <input checked="" type="checkbox"/>
	Heart disease <input checked="" type="checkbox"/>	High blood pressure <input checked="" type="checkbox"/>	Stroke <input checked="" type="checkbox"/>	Blood Disease <input checked="" type="checkbox"/>	Cancer <input checked="" type="checkbox"/>

PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:-

I declare 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: **23-11-22**Signature of Applicant: **X****AKHTAR ALI**



PEACE LAND MEDICAL CENTER MUKHAIZNA



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. 120 70	PULSE 70 mins.	HEARING L <i>N</i> R <i>N</i>	VISION DISTANT NEAR R L R L				Colour Vision	Blood Group			
174		80	26.4				Uncorrected Corrected	6/6	6/6						
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 +)					/		184					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.)

*87kg over weight life style modification
smoke cessation*

ASSESSMENT:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

24.11.2022
Date:

ABUBAKER A. HALIM
Name (Block Capitals): Dr. / Nurse

Dr. ABUBAKER ABDELNALIM
MO Signature: No: 20974

REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr. / Nurse

Signature:

