



PEACE LAND MEDICAL CENTER MUKHAIZNA



MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

ient 16348 Reg.Dt 23/11/2022

ne 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	Relationship to employee <input type="checkbox"/> Wife <input checked="" type="checkbox"/> Son <input checked="" type="checkbox"/> Daughter	
Reason for examination Pre-Employment <input type="checkbox"/> Periodic medical check-up <input checked="" type="checkbox"/> Pre-Overseas <input type="checkbox"/>		Job: HD DRIVER Area:	
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.)			
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	
How much tobacco each day? OCCASIONALLY		Average daily alcohol consumption NO	
Have you ever taken elicited drugs? ()			
FAMILY HISTORY: Diabetes (A) Tuberculosis (A) Epilepsy (A) Asthma (A) Eczema (A) Heart disease (A) High blood pressure (A) Stroke (A) Blood Disease (A) Cancer (A)			
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: 23-11-22		Signature of Applicant: [Signature]	





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		
<input checked="" type="checkbox"/>		1. Eyes & Pupils	
<input checked="" type="checkbox"/>		2. E.N.T.	
<input checked="" type="checkbox"/>		3. Teeth & Mouth	
<input checked="" type="checkbox"/>		4. Lungs & Chest	
<input checked="" type="checkbox"/>		5. Cardiovascular System	
<input checked="" type="checkbox"/>		6. Abdo. Viscera	
<input checked="" type="checkbox"/>		7. Hernial Orifices	
<input checked="" type="checkbox"/>		8. Anus & Rectum	
<input checked="" type="checkbox"/>		9. Genito-urinary	
<input checked="" type="checkbox"/>		10. Extremities	
<input checked="" type="checkbox"/>		11. Musculo-skeletal	
<input checked="" type="checkbox"/>		12. Skin & Varicose Vns.	
<input checked="" type="checkbox"/>		13. C.N.S.	
		14. Breast	

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING L R	VISION DISTANT R L NEAR R L Uncorrected Corrected	Colour Vision	Blood Group
174	80	26.4	120 70	70 mins.	L <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/>	6/6 6/6	N	

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A
<input checked="" type="checkbox"/>		1. Urinalysis	<input checked="" type="checkbox"/>	7. Audiogram
<input checked="" type="checkbox"/>		2. Hb, Bloodcount, ESR		8. Lung Function
<input checked="" type="checkbox"/>		3. LFT, RFT, RBS		9. Chest X-Ray
		4. Drug Screen	<input checked="" type="checkbox"/>	10. ECG
<input checked="" type="checkbox"/>		5. Lipids (40 years +)	184	11. CVS risk for 40 yrs. & above
<input checked="" type="checkbox"/>		6. Sickle Cell test		12. HIV, Hepatitis screening

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

*BMI over weight life style Modification
smoke cessation*

ASSESSMENT:

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

Date: 24.11.2022 Name (Block Capitals): Dr. / Nurse ABUBAKR A. HALIM

Dr. ABUBAKR ABDELHALIM
MOHAMMED KHEIR IBRAHIM
MO Signature: 20974

REVIEW/CONSULTATION

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

