TON

PEACE LAND MEDICAL CENTER MUKHAIZNA

lent 15684 Reg.Dt 28/08/2022

ne MANU VARGHESE

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	
Forenames	MANU VARGHESE
Address	121752894
Home telephone number	71982856

Place of examination: MUKHAIZNA	Date 28/8/2022		
If a dependant enter employee's name here: Surname:		Forenames:	
Birth date: 23/04/1991	Nationality: INDIAN	Country of birth: INDIA	Religion: CHRISTIAN
☑ Male ☐ Female	☐ Married ☑ Single ☐ Separated /Divorced	**Relationship to employee** ☐ Wife ☐ Son ☐ Daughter	Number of children:
Reason for examination	Pre-Employment ☐ Periodic medical check-up ☑ Pre-Overseas ☐	Job: STORE KEEPER 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		I	21. Cancer		I	**HAVE YOU EVER BEEN:-**		
2. Neck swelling/glands		I	22. Heart Disease		I	41. Rejected for employment or insurance for medical reasons		I
3. Difficulty in vision		I	23. Rheumatic fever		I	42. Awarded benefits for industrial injury/illness		I
4. Any ear discharge		I	24. Abnormal heartbeat		I	43. Treated for a mental condition, e.g. depression		I
5. Asthma/bronchitis		I	25. High blood pressure		I	44. Treated for problem drinking or drug abuse		I
6. Hayfever /other significant allergy		I	26. Stroke		I	45. Exposed to toxic substance or noise		I
7. Any skin trouble		I	27. Serious chest pain		I			
8. Tuberculosis		I	28. Any blood disease		I			
9. Shortness of breath		I	29. Kidney disease		I			
10. Coughed/vomited blood		I	30. Blood in urine		I			
11. Severe abdominal pain		I	31. Painful passage of urine		I			
12. Stomach ulcer		I	32. Diabetes		I	**FOR WOMEN ONLY**		
13. Recurrent indigestion		I	33. Headaches/migraine		I	Have you ever had:-		
14. Jaundice or hepatitis		I	34. Dizziness/fainting		I	46. An abnormal smear		
15. Gall Bladder disease		I	35. Epilepsy		I	47. Any gynaecological treatment		
16. Marked change in bowel habits		I	36. Joints/spinal trouble		I			
17. Blood in stools (motions)		I	37. Surgical operation		I	48. Are you pregnant?		
18. Marked change in weight		I	38. Serious accident/fracture		I	49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
19. Varicose veins		I	39. Tropical disease		I			
20. Lump in breast/armpit		I	40. Fear of heights		I			

How much tobacco each day? NO — Average daily alcohol consumption NIL

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: 28/8/2022 **Signature of Applicant:**

Peace Land Clinic Mukhaizna P.O Box: 1403, P.C: 133, Sultanate of Oman C.R.NO:2217785

PEACE LAND MEDICAL CENTER MUKHAIZNA

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	WEIGHT	BMI	B.P.	PULSE	HEARING	VISION DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
186 cm	82.1 kg	23.7	130/80 mmHg	70 /mins	L N R N	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 +)				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.)

ASSESSMENT:

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

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

REVIEW/CONSULTATION

Dr. AMR MOHAMED
GENERAL PRACTITIONER
M.O.H. REG. NO : 18991

Peace Land Clinic Mukhaizna
P.O Box: 1403, P.C: 133, Sultanate of Oman
C.R.NO:2217783

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