## PEACE LAND MEDICAL CENTER

# MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

| | |
|---|---|
| **Surname** | REHMAN ABDUL. |
| **Forenames** | BASHIR AHMED |
| **Address** | 1116411696 - Tmek Oman |
| Home telephone number | 97550728 |

| | | | |
|---|---|---|---|
| Place of examination: mct | Date: 1/6/21 | | |
| If a dependant enter employee's name here: Surname: | | Forenames: | |
| Birth date: 3/1/77 | Nationality: Pakistani | Country of birth: Pakistan | Religion: Muslim |
| ☐ Male ☐ Female | ☐ Married ☐ Single ☐ Separated /Divorced | Relationship to employee: ☐ Wife ☐ Son ☐ Daughter | Number of children: |
| Reason for examination: Pre-Employment ☐ Pre-Overseas ☐ | Periodic medical check-up ☐ | Job: WORKER 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 | | ✓ | 42. Awarded benefits for industrial injury/illness | | ✓ |
| 4. Any ear discharge | | ✓ | 24. Abnormal heartbeat | | ✓ | | | |
| 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:** 1/6/21. **Signature of Applicant:** [signature]