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PEACE LAND MEDICAL CENTER MUKHAIZNA
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Ref. No. 18687 Reg. No. 28/08/2022

Name: BALU NARAYANASWAMY

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Place of examination: MUKHAIZNA Date: 28-8-22

If a dependant enter employee's name here:

Surname:

Birth date: 8-3-61 Nationality: INDIAN

Country of birth: INDIA Religion: HINDU
 Male Female Married Single Separated /Divorced Wife Son Daughter Relationship to employee Number of children: 3

Reason for examination Pre-Employment Periodic medical check-up Job: CARPENTER
 Pre-Overseas 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	46. An abnormal smear		
8. Tuberculosis		I	28. Any blood disease		I	47. Any gynaecological treatment		
9. Shortness of breath		I	29. Kidney disease		I	48. Are you pregnant?		
10. Coughed/vomited blood		I	30. Blood in urine		I	49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
11. Severe abdominal pain		I	31. Painful passage of urine		I			
12. Stomach ulcer		I	32. Diabetes		I			
13. Recurrent indigestion		I	33. Headaches/migraine		I			
14. Jaundice or hepatitis		I	34. Dizziness/fainting		I			
15. Gall Bladder disease		I	35. Epilepsy		I			
16. Marked change in bowel habits		I	36. Joints/spinal trouble		I			
17. Blood in stools (motions)		I	37. Surgical operation		I			
18. Marked change in weight		I	38. Serious accident/fracture		I			
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 NO

Have you ever taken elicited drugs? (x)

FAMILY HISTORY:	Diabetes (x)	Tuberculosis (x)	Epilepsy (x)	Asthma (x)	Eczema (x)
	Heart disease (x)	High blood pressure (x)	Stroke (x)	Blood Disease (x)	Cancer (x)

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: 28-8-22

Signature of Applicant: N. Balu



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	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.	PULSE 60/mins.	HEARING L N R N	Uncorrected Corrected	VISION DISTANT R L	NEAR R L	Colour Vision	Blood Group			
170	83	28.72	110/75				6/6	6/6	N				

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

DR. NISANTH KALLINKEEL
Specialist - Internal Medicine
MMI
Name (Block Capitals): Dr. / Nurse
nmc speciality hospital Al-Hail

Signature:

REVIEW/CONSULTATION

- Reduced the patient.
- He is asymptomatic, vitals stable.
- Medicines started for Lipids and uric acid

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

- NO absolute contraindication for continuing the work

DR. NISANTH KALLINKEEL
Specialist - Internal Medicine
MOH Lic. No: 16847
nmc speciality hospital Al-Hail
06/09/2022