PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	NASSER SALEEM AL MAHSAL
Forenames	MOHAMMED SALIM
Address	3295489 - Tourk. oman Eg
Home telephone number	99561075

Place of examination: Muk	Date: 8/7/21		
If a dependant enter employee's name here: Surname:		Forenames:	
Birth date: 4/9/77	Nationality: Omani	Country of birth: Oman	Religion: Muslim
☑ 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: Driver	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
1. Sinus trouble		✓
2. Neck swelling/glands		✓
3. Difficulty in vision		✓
4. Any ear discharge		✓
5. Asthma/bronchitis		✓
6. Hayfever /other significant allergy		✓
7. Any skin trouble		✓
8. Tuberculosis		✓
9. Shortness of breath		✓
10. Coughed/vomited blood		✓
11. Severe abdominal pain		✓
12. Stomach ulcer		✓
13. Recurrent indigestion		✓
14. Jaundice or hepatitis		✓
15. Gall Bladder disease		✓
16. Marked change in bowel habits		✓
17. Blood in stools (motions)		✓
18. Marked change in weight		✓
19. Varicose veins		✓
20. Lump in breast/armpit		✓
21. Cancer		✓
22. Heart Disease		✓
23. Rheumatic fever		✓
24. Abnormal heartbeat		✓
25. High blood pressure		✓
26. Stroke		✓
27. Serious chest pain		✓
28. Any blood disease		✓
29. Kidney disease		✓
30. Blood in urine		✓
31. Painful passage of urine		✓
32. Diabetes		✓
33. Headaches/migraine		✓
34. Dizziness/fainting		✓
35. Epilepsy		✓
36. Joints/spinal trouble		✓
37. Surgical operation		✓
38. Serious accident/fracture		✓
39. Tropical disease		✓
40. Fear of heights		✓

HAVE YOU EVER BEEN:-	Y	N
41. Rejected for employment or insurance for medical reasons		✓
42. Awarded benefits for industrial injury/illness		✓
43. Treated for a mental condition, e.g. depression		✓
44. Treated for problem drinking or drug abuse		✓
45. Exposed to toxic substance or noise		✓
FOR WOMEN ONLY Have you ever had:-		
46. An abnormal smear		
47. Any gynaecological treatment		
48. Are you pregnant?		
49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		

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: 8/7/21 **Signature of Applicant:**

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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 (MMHG)	PULSE	HEARING	VISION DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
167	103	36.9	180/82	55 /mins.	L N R N	Uncorrected 6/6 Corrected	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 +)		4-7%		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.)
Sickle cell trait ν carrier

ASSESSMENT:

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

Date: 16/7/2021 Name (Block Capitals): Dr. / Nurse Signature:

Dr. Emad Omer
Medical Officer

PEACE LAND MEDICAL CENTER C.R: 1116819

REVIEW/CONSULTATION

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