



PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname KHALFAN AL FAIDAR
 Forenames KHALFAN SALEM
 Address 16175459 - Touch Oman
 Home telephone number 964418156

Place of examination	muscat	Date	30/8/21																																																																		
If a dependant enter employee's name here:																																																																					
Surname:																																																																					
Birth date	13/11/87	Nationality:	Oman																																																																		
<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Married	<input type="checkbox"/> Single																																																																		
<input type="checkbox"/> Separated /Divorced	<input type="checkbox"/> Relationship to employee	<input type="checkbox"/> Wife	<input type="checkbox"/> Son																																																																		
<input type="checkbox"/> Daughter	Number of children:																																																																				
Reason for examination	Pre-Employment	Periodic medical check-up	Job: Driver																																																																		
	Pre-Overseas	<input type="checkbox"/>	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.)																																																																					
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How much tobacco each day?	<u>10</u>	Average daily alcohol consumption <u>16</u>																																																																			
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:

30/8/21

Signature of Applicant: X