



#6447



## MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL  
DETAILS IN BLOCK CAPITALS

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS		Surname <b>RAJAKOMALAM</b> Forenames <b>RAJESH FRANCIS</b> Address <b>T1977171 - Premier Log</b> Home telephone number <b>991256017</b>																																																																					
Place of examination <b>MU</b> Date <b>15/3/21</b> If a dependant enter employee's name here: Surname: Birth date: <b>30/5/82</b> Nationality: <b>Indian</b>		Forenames: Country of birth: <b>India</b> Religion: <b>Christian</b> Relationship to employee <input type="checkbox"/> Wife <input checked="" type="checkbox"/> Son <input type="checkbox"/> Daughter Number of children: <b>2</b>																																																																					
Reason for examination Pre-Employment <input type="checkbox"/> Periodic medical check-up <input type="checkbox"/> Pre-Overseas <input type="checkbox"/>		Job: <b>H-PP</b> 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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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: <b>15/3/21</b>		Signature of Applicant: <b>Rajesh Francis</b>																																																																					



## PEACE LAND MEDICAL CENTER

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 /mins.	HEARING L R	VISION DISTANT Uncorrected Corrected	R L	L R L	Colour Vision	Blood Group			
168		88	31.1	117 73	81	N	R L	R L	L	ae.				
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:														
<input checked="" type="checkbox"/> FIT ALL AREAS		<input type="checkbox"/> FIT WITH RESTRICTION		<input type="checkbox"/> TEMPORARY UNFIT		<input type="checkbox"/> UNFIT								
Date: 15/3/2021		Name (Block Capitals): Dr. / Nurse				Signature:								
REVIEW/CONSULTATION														
Date:		Name (Block Capitals): Dr. / Nurse				Signature:								