

Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Place of examination: Aster Hospital, Ibra		Date: 7/8/2021	Surname: Qaisir	
If a dependant enter employee's name here:		Forenames: Jang Sarwan Ma		
Project: Truck Oman Rental LLC		Address: 93919365		
Home telephone number:		Religion:		
Birth date:	Nationality: Pakistani	Country of birth:	Relationship to employee:	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced		<input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Number of children:
Reason for examination: Pre-Employment <input type="checkbox"/> Job: <input type="checkbox"/>		Pre-Overseas <input type="checkbox"/> Area: <input type="checkbox"/>		
Name and address of family doctor		List your last 3 jobs (1)		
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.)				
	Y	N		Y
1. Sinus trouble			21. Cancer	
2. Neck swelling/glands			22. Heart Disease	
3. Difficulty in vision			23. Rheumatic fever	
4. Any ear discharge			24. Abnormal heartbeat	
5. Asthma/bronchitis			25. High blood pressure	
6. Hayfever /other significant allergy			26. Stroke	
7. Any skin trouble			27. Serious chest pain	
8. Tuberculosis			28. Any blood disease	
9. Shortness of breath			29. Kidney disease	
10. Coughed/vomited blood			30. Blood in urine	
11. Severe abdominal pain			31. Diabetes	
12. Stomach ulcer			32. Headaches/migraine	
13. Recurrent indigestion			33. Dizziness/fainting	
14. Jaundice or hepatitis			34. Epilepsy	
15. Gall Bladder disease			35. Joints/spinal trouble	
16. Marked change in bowel habits			36. Surgical operation	
17. Blood in stools (motions)			37. Serious accident/fracture	
18. Marked change in weight			38. Tropical disease	
19. Varicose veins			39. Fear of heights	
20. Lump in breast/armpit				
How much tobacco each day?		Average daily alcohol consumption		
Have you ever taken elicited drugs? () PDO test all new/potential employees for elicited/recreational 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. I am also aware that PDO reserve the right to dismiss me if it was found that I have purposely withheld important medical information.				
Date: 7/8/2021		Signature of Applicant: Qaisir		