PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32 EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname

Forenames: DARSHAN SINGH

Address: 65134002 Company Name: T.O.

Home telephone number: 96475188

Place of examination: Amk Date: 12/6/2023

If a dependant enters employee s name here

Surname

Forenames:

Birth date: 21/5/69 Nationality: Indian Country of birth: Indian Religion: Sikh

☑ 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: H-DD Area.

Name and address of family doctor (1) (2)

List your last 3 jobs (1) (2) (3)

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		√	21 Cancer		√	HAVE YOU EVER BEEN: -		
2 Neck swelling/glands		√	22 Heart Disease		√	41 Rejected for employment or insurance for medical reasons		√
3 Difficulty in vision		√	23 Rheumatic fever		√			
4 Any ear discharge		√	24 Abnormal heartbeat		√	42 Awarded benefits for industrial injury/illness		√
5 Asthma/bronchitis		√	25 High blood pressure		√			
6 Hayfever /other significant allergy		√	26 Stroke		√	43 Treated for a mental condition, e.g. depression		√
7 Any skin trouble		√	27 Serious chest pain		√			
8 Tuberculosis		√	28 Any blood disease		√	44 Treated for problem drinking or drug abuse		√
9 Shortness of breath		√	29 Kidney disease		√			
10 Coughed/vomited blood		√	30 Blood in urine		√	45 Exposed to toxic substance or noise		√
11 Severe abdominal pain		√	31 Painful passage of urine		√			
12 Stomach ulcer		√	32 Diabetes		√	FOR WOMEN ONLY		
13 Recurrent indigestion		√	33 Headaches/migraine		√	Have you ever had:-		
14 Jaundice or hepatitis		√	34 Dizziness/fainting		√	46 An abnormal smear		
15 Gall Bladder disease		√	35 Epilepsy		√	47 Any gynaecological treatment		
16 Marked change in bowel habits		√	36 Joints/spinal trouble		√			
17 Blood in stools (motions)		√	37 Surgical operation		√	48 Are you pregnant?		
18 Marked change in weight		√	38 Serious accident/fracture		√	49 HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
19 Varicose veins		√	39 Tropical disease		√			
20 Lump in breast/armpit		√	40 Fear of heights		√			

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: 12/6/2023 Signature of Applicant: DARSHAN SINGH

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FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

N	A	N = Normal A = Abnormal (please describe)	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	HEARING	VISION DISTANT R L	VISION NEAR R L	Colour Vision	Blood Group
171	79	27	140/90	80 /mins.	L N R	Uncorrected 6/6 6/6 Corrected		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 +)	13.4%		11. CVS risk for 40 yrs. & above
✓		6. Sickle Cell test			12. HIV, Hepatitis screening

ACR
NFBS HbA1C 7.9%
TG, chol

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

Internist consultation → DM & DLP
1, CSM & RFR (Lots Exercise & diet)
2, MFU 3m later by internist- (DM & DLP)
3, Take the medication properly

ASSESSMENT:

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

Dr. Shima Sayedabdollah Jafar
Cardiologist Specialist
MCH Lic. No. 21962

PEACE LAND MEDICAL CENTER CR 111819

Date: 26/6/23 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

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