PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	WOOJANNA.
Forenames	NARSIMLU
Address	61582768 **Company Name:** T.O.
Home telephone number	95627100

Place of examination: Amt	Date: 18/5/23.		
If a dependant enters employee's name here: Surname:		Forenames:	
Birth date: 20/8/65	Nationality: Indian	Country of birth: India	Religion: Hindu
[√] Male [ ] Female	[√] Married [ ] Single [ ] Separated /Divorced	**Relationship to employee** [ ] Wife [ ] Son [ ] Daughter	Number of children: 3.

Reason for examination: Pre-Employment [√] Periodic medical check-up [ ] Pre-Overseas [ ] Job: Operator Area:

Name and address of family doctor	List your last 3 jobs
(1) (2)	(2) (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: Occationally

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: 18/5/2023 **Signature of Applicant:**

PEACE LAND MEDICAL CENTER

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	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
160	78	29	140/90	80/mins.	L N R	Uncorrected R/P	L/P			N	
						Corrected					

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
	✓	1. Urinalysis	FBS	✓		7. Audiogram
✓		2. Hb, Bloodcount, ESR	↑FBS, ↑LFT			8. Lung Function
	✓	3. LFT, RFT, RBS				9. Chest X-Ray
		4. Drug Screen		✓	✓	10. ECG NSR, noAD, nost Ds
✓		5. Lipids (40 years +)		>30%		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.)

1. Internist consultation → DM on med
2. LSM & RFT (Diet Exercise & diet)
3. MFU 3 m later by internist (DM, HTN & DLP)
4. Take medication properly

ASSESSMENT:

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

Dr. Shima Seyedabdollah Jafar
Cardiologist Specialist
MOH Lic. No. 21962

Date: 12/7/23 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

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