PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname: Azambin Ramdas.
Forenames: Renjith madathip
Address: 78401264 - PREMIER Coa.
Home telephone number: ID# [illegible] - 89712197

Place of examination: AMK
Date: 12/3/2020
If a dependant enter employee's name here:
Surname:
Forenames:
Birth date: 31/5/1980
Nationality: INDIAN
Country of birth: INDIA
Religion: HINDU.

☑ Male ☐ Female ☑ Married ☐ Single ☐ Separated /Divorced

Relationship to employee: ☐ Wife ☑ Son ☐ Daughter
Number of children: 1

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)
(3)

Are you a Registered Disabled Person? (UK only) ☐
Do you belong to any Medical Insurance Scheme? ☐

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		✓			
15. Gall Bladder disease		✓	35. Epilepsy		✓	46. An abnormal smear		
16. Marked change in bowel habits		✓	36. Joints/spinal trouble		✓	47. Any gynaecological treatment		
17. Blood in stools (motions)		✓	37. Surgical operation		✓			
18. Marked change in weight		✓	38. Serious accident/fracture		✓	48. Are you pregnant?		
19. Varicose veins		✓	39. Tropical disease		✓	49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
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? ( )

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: 12/3/2020 **Signature of Applicant:** Renjith

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

N = Normal A = Abnormal (please describe)

N	A		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 L / R	VISION DISTANT R L	VISION NEAR R L	Colour Vision	Blood Group
160	77	30.1	135/80	59 /mins.	N	Uncorrected 6/6 6/6		N	
						Corrected			

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis			
✓		2. Hb, Bloodcount, ESR	✓		7. Audiogram
✓		3. LFT, RFT, RBS			8. Lung Function
		4. Drug Screen			9. Chest X-Ray
✓		5. Lipids (40 years +)	✓		10. ECG
✓		6. Sickle Cell test	2.67		11. CVS risk for 40 yrs. & above
					12. HIV, Hepatitis screening

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

ASSESSMENT:

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

Date: 12/3/2020 Name (Block Capitals): Dr. / Nurse Signature:

مركز بلاد السلام الطبي PEACE LAND MEDICAL CENTER

Dr. IMAD OMER AL AMAEN General Practitioner MOH License No.: 6909

REVIEW/CONSULTATION

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