PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	SINGH
Forenames	PARGAT BALDEV
Address	94999495 – Truck Oman Equipment.
Home telephone number	95597369.

Place of examination [illegible] Date 25/7/21.

If a dependant enter employee's name here:
Surname: Forenames:

Country of birth: India Religion: Sikh.

Birth date: 7/12/72 Nationality: Indian

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

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

Job: Operator

Reason for examination: Pre-Employment ☐ Periodic medical check-up ☐ Pre-Overseas ☐

Area:

Name and address of family doctor

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

Do you belong to any Medical Insurance Scheme? ☐

Are you a Registered Disabled Person? (UK only) ☐

DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)

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

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: 25/7/21. **Signature of Applicant:** परगट सिंघ

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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)			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	HEARING	VISION DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
178	108	34.1	110/82	77 mins.	L ✓ R	Uncorrected 6/6 Corrected	6/6			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 +)		3.3%		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:

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

PEACE LAND MEDICAL CENTER

Dr. ABDULRAHMAN ABDULLATEIF
General Practitioner
MOH License No.:19486

Date: 26/7/2021 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

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