



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		Address		Company Name:		Home telephone number	
		PARVAT BALDEV SINGH		94 99 9495		Tackman		95822737	
Place of examination: <u>MUSCAT</u>		Date: <u>12/4/23</u>							
If a dependant enters employee's name here: Surname:				Forenames:					
Birth date: <u>7/12/77</u>		Nationality: <u>Indian</u>		Country of birth: <u>India</u>		Religion: <u>Sikh</u>			
<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		Relationship to employee		Number of children: <u>3</u>	
Reason for examination		Pre-Employment <input checked="" type="checkbox"/> Periodic medical check-up		Job:		Area: <u>operator</u>			
Pre-Overseas <input type="checkbox"/>									
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				42. Awarded benefits for industrial injury/illness	
4. Any ear discharge				24. Abnormal heartbeat				43. Treated for a mental condition, e.g. depression	
5. Asthma/bronchitis				25. High blood pressure				44. Treated for problem drinking or drug abuse	
6. Hayfever /other significant allergy				26. Stroke				45. Exposed to toxic substance or noise	
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. 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				48. Are you pregnant?	
17. Blood in stools (motions)				37. Surgical operation				49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE	
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? <u>NO</u>				Average daily alcohol consumption <u>NO</u>					
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: <u>12/4/23</u>				Signature of Applicant: <u>[Signature]</u>					



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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.	PULSE	HEARING	VISION		Colour Vision	Blood Group
181	108	34	140 90	76/min.	L N R	DISTANT R L Uncorrected 6/6 6/6 Corrected	NEAR R L	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 +)				9.4/		11. CVS risk for 40 yrs. & above	
✓		6. Sickle Cell test						12. HIV, Hepatitis screening	
<p>OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)</p> <p>1, LSM & RFR (↓ wt, Exercise & diet)</p> <p>2, MFN 3m later by internist (HTN)</p> <p>3, Take the medication properly</p>									
<p>ASSESSMENT:</p> <p><input checked="" type="checkbox"/> FIT ALL AREAS <input type="checkbox"/> FIT WITH RESTRICTION <input type="checkbox"/> TEMPORARY UNFIT <input checked="" type="checkbox"/> UNFIT</p> <p>Date: 13.4.23 Name (Block Capitals): Dr. / Nurse Signature: </p> <p>REVIEW/CONSULTATION</p> <p>Date: Name (Block Capitals): Dr. / Nurse Signature:</p>									

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

