



## PEACE LAND MEDICAL CENTER

**MEDICAL EXAMINATION REPORT (CONFIDENTIAL)**

### Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS		Surname <b>PARMAT BALDEH SINGH</b>							
Place of examination: <b>MUSCAT</b> Date: <b>12/4/23</b>		Forenames <b>PARMAT BALDEH SINGH</b>							
If a dependant enters employee's name here: Surname: <b>12/4/23</b>		Address <b>94 99 9495</b> Company Name: <b>Tank</b>							
		Home telephone number <b>95892737</b>							
Birth date: <b>7/12/72</b> Nationality: <b>Indian</b>		Country of birth: <b>India</b> , Religion: <b>Sikh</b>							
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced		Relationship to employee		Number of children: <b>3</b>			
<input type="checkbox"/> Pre-Employment		<input checked="" type="checkbox"/> Periodic medical check-up		Job: <b>operator</b>		Area:			
Pre-Overseas									
Name and address of family doctor		List your last 3 jobs							
(1)		(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
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		√		FOR WOMEN ONLY	
8. Tuberculosis		√		28. Any blood disease		√		Have you ever had:-	
9. Shortness of breath		√		29. Kidney disease		√		46. An abnormal smear	
10. Coughed/vomited blood		√		30. Blood in urine		√		47. Any gynaecological treatment	
11. Severe abdominal pain		√		31. Painful passage of urine		√		48. Are you pregnant?	
12. Stomach ulcer		√		32. Diabetes		√		49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE	
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? <b>NO.</b>		Average daily alcohol consumption <b>NO</b>							
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: <b>12/4/23</b>		Signature of Applicant: <b>PARWAT BALDEH SINGH</b>							



# PEACE LAND MEDICAL CENTER

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. 140 90	PULSE 76 mins.	HEARING L N R	VISION DISTANT R L Uncorrected 6/6 Corrected 6/6				NEAR R L	Colour Vision N	Blood Group
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 +)											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.) *HTN*

1. LSM & RPR (Lwt, Lancet & diet)
2. MFN 3m later by internist (HTN)
3. Take the medication properly

## ASSESSMENT:

FIT ALL AREAS  FIT WITH RESTRICTION  TEMPORARY UNFIT



Date: 13.11.23 Name (Block Capitals): Dr. / Nurse

Signature:

## REVIEW/CONSULTATION

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

Signature: