



PEACE LAND MEDICAL CENTER



MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname
Forenames SANDIP SINGH
Address 104156291-Turk Oman
Home telephone number 94187005

Place of examination mt	Date 27/6/21
If a dependant enter employee's name here: Surname:	
Birth date: 25/12/86	Nationality: Indian
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced
Forenames: India	
Country of birth: India	
Religion: Sikh	
Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	
Number of children:	
Reason for examination Pre-Employment <input type="checkbox"/> Periodic medical check-up <input type="checkbox"/> Pre-Overseas <input type="checkbox"/>	Job: Operator
Name and address of family doctor	Area:

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

Are you a Registered Disabled Person? (UK only) <input type="checkbox"/>	Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>
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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		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 Occasionally
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: 27/6/21	Signature of Applicant: [Signature]
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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	Colour Vision	Blood Group
178	102	32.2	141/90	76/min.	L N R N	DISTANT R L Uncorrected 6/6 6/6 Corrected	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 +)				11. CVS risk for 40 yrs. & above
/		6. Sickie Cell test				12. HIV, Hepatitis screening

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

For regular check of BP.

ASSESSMENT:

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

Date: 28/6/2021 Name (Block Capitals): Dr. / Nurse

Signature:

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

REVIEW/CONSULTATION

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

Signature: