



## PEACE LAND MEDICAL CENTER



### MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

		Surname																																																							
		Forenames <b>UTTAM SINGH</b>																																																							
		Address <b>101706721 - Tauck Oman</b>																																																							
		Home telephone number <b>98273072</b>																																																							
Place of examination <b>met</b>		Date <b>20/6/21</b>																																																							
If a dependant enter employee's name here:		Forenames:																																																							
Surname: <b>SLI</b>		Country of birth: <b>India</b> Religion: <b>Sikh</b>																																																							
Birth date: <b>5/1/77</b> Nationality: <b>Indian</b>		Relationship to employee																																																							
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced																																																							
<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: <b>Operator</b>																																																							
Area:																																																									
Name and address of family doctor		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"/>																																																							
DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)																																																									
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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>20/6/21</b>	Signature of Applicant: <b>Uttam Singh</b>																																																								

*On: Medications*