



# PEACE LAND MEDICAL CENTER MUKHAIZNA



## MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

ent 18083 Reg.Dt: 19/10/2022

ne KHALID HAMDAN ALI AL BALUSHI

COMPLETE YOUR PERSONAL  
DETAILS IN BLOCK CAPITALS

Surname	AKI AL BALUSHI
Forenames	KHALID HAMDAN
Address	10531969
Home telephone number	99060098

Place of examination : MUKHAIZNA	Date : 19/10/22			
If a dependant enter employee's name here: Surname: Forenames:				
Birth date: 10-8-81	Nationality: OMANI	Country of birth: OMAN	Religion: MUSLIM	
<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 <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter		Number of children: 5
Reason for examination Pre-Employment <input type="checkbox"/> Periodic medical check-up <input checked="" type="checkbox"/> Pre-Overseas <input type="checkbox"/>		Job: SUPERVISOR 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.)				
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		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? OCCASIONAL		Average daily alcohol consumption 10		
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: 19-10-2022		Signature of Applicant: >		



Signature of Applicant: >



# PEACE LAND MEDICAL CENTER MUKHAIZNA

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
166cm	71kg	25.8	130/90	96/min.	L N R N	DISTANT R L 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			
<b>OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)</b> BMI overweight Found to be diabetic Refer to Physician start Medication											
<b>ASSESSMENT:</b> <input checked="" type="checkbox"/> FIT ALL AREAS <input type="checkbox"/> FIT WITH RESTRICTION <input type="checkbox"/> TEMPORARY UNFIT <input type="checkbox"/> UNFIT											
Date: 13.11.2022    Name (Block Capitals): DR. ABUBAKR A. HALIM    Signature:											
<b>REVIEW/CONSULTATION</b>											
Date:    Name (Block Capitals): Dr. / Nurse    Signature:											

