



PEACE LAND MEDICAL CENTER MUKHAIZNA

TON-



MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Ref. No. 18083 Reg. Dt. 19/10/2022

Name: KHALID HAMDAN ALI AL BALUSHI

COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname **ALI AL BALUSHI**
 Forenames **KHALID HAMDAN**
 Address **1053 1969**
 Home telephone number **99060098**

Place of examination: **MUKHAIZNA** Date: **19/10/22**

If a dependant enter employee's name here:
 Surname: **ALI AL BALUSHI** Forenames: **KHALID HAMDAN**
 Birth date: **10-8-81** Nationality: **OMANI** Country of birth: **OMAN** Religion: **MUSLIM**
 Male Female Married Single Separated /Divorced Relationship to employee
 Wife Son Daughter Number of children: **5**

Reason for examination Pre-Employment Periodic medical check-up Job: **SUPERVISOR**
 Pre-Overseas Area:

Name and address of family doctor List your last 3 jobs
 (1)
 (2)
 (3)

Are you a Registered Disabled Person? (UK only) Do you belong to any Medical Insurance Scheme?

DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)

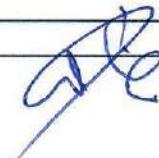
	Y	N		Y	N		Y	N
1. Sinus trouble			21. Cancer				HAVE YOU EVER BEEN:-	
2. Neck swelling/glands			22. Heart Disease				41. Rejected for employment or insurance for medical reasons	
3. Difficulty in vision			23. Rheumatic fever				42. Awarded benefits for industrial injury/illness	
4. Any ear discharge			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/epinal 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? **OCCASIONALLY** Average daily alcohol consumption **NO**
 Have you ever taken elicited drugs?

FAMILY HISTORY: Diabetes (Y) Tuberculosis (Y) Epilepsy (Y) Asthma (Y) Eczema (Y)
 Heart disease (Y) High blood pressure (Y) Stroke (Y) Blood Disease (Y) Cancer (Y)

PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:-

I declare 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: 





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

SECTION IV: 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/ mins.	L N R N	DISTANT R L NEAR 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. Sickle Cell test			12. HIV, Hepatitis screening

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

INDICES (Physique, Stat.)

Found to be diabetic Refer to physician start Medication

ASSESSMENT:

FIT ALL AREAS

FIT WITH RESTRICTION

TEMPORARY LINEIT

LINEIT

Date: 13.11.2022

ABUBAKR A. HALIM
Name (Block Capitals): Dr. / Nurse

Signature:

sub

REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr. / Nurse

Signatures

