

PHOTO

MEDICAL EXAMINATION REPORT

Date:

Place of Examination NMC Hospital, AL HAIL		COMPANY NAME: TRUCK OMAN		Relationship to Employee Self / Spouse / son / daughter	
Family Name		Other Names		Birth Date	Nationally
Occupation —		Blood Group		Tel. (H)	Tel.(O)
Sex Male	Marital Status Single/ Married/ Widow (er)/ Divorced/ Separated				No. of Children

Do you have or have you ever had: Tick 'N' (no) or 'Y' (yes)

High blood pressure	<input checked="" type="radio"/> N	Y	Epilepsy/ Dizziness/ Migraine	<input checked="" type="radio"/> N	Y
Diabetes	<input checked="" type="radio"/> N	Y	Skin diseases	<input checked="" type="radio"/> N	Y
Kidney problems	<input checked="" type="radio"/> N	Y	Malaria	<input checked="" type="radio"/> N	Y
Heart problems	<input checked="" type="radio"/> N	Y	Eye/ Ear/ Nose/ Throat	<input checked="" type="radio"/> N	Y
Stomach Ulcers	<input checked="" type="radio"/> N	Y	Accidental Injury/ Fracture	<input checked="" type="radio"/> N	Y
Liver problems	<input checked="" type="radio"/> N	Y	Surgery	N	<input checked="" type="radio"/> Y
Breathing Problems	<input checked="" type="radio"/> N	Y	Allergy (food or drugs)	<input checked="" type="radio"/> N	Y
Menstrual Problems	N	Y	Others	N	Y

If any of the above, please explain briefly:

Cyst in RT inner thigh / removed 5 years ago

Has any member of your family suffered from the above illness? If yes please give brief detail:

Mother (DM)

If there is anything relevant to your medical history that has not been covered by the above, please mention:

Do you Smoke? If yes, what and how much each day? Yes

Do you drink alcohol? If yes. What is your average weekly intake? Yes

Do you take any medicines regularly, or have you done so in the recent past? No

Are you doing regular sports or physical activities? walking

To be filled by the examining Doctor or Nurse:

Height (cm)	Weight (kg)	B.P.	Pulse	Vision	R	L
167cm.	86 Kg	133/106 mm Hg	106b/min	Uncorrected	✓	
				Corrected		

Declaration:

Name: 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.

Date: _____

Signature:

[illegible]

AUDIOGRAM/AUDIOMETRY	DONE
BLOOD SUGAR FASTING	
BLOOD SUGAR RANDOM	
CBC	
CREATININE	
ECG/ ELECTROCARDIOGRAM	
LIPID PROFILE	
MEDICAL EXAMINATION	
STRESS TEST/ TREADMILL	
SPIROMETRY	
URINE ROUTINE(DIPSTICK)	
FRAMINGHAM RISK SCORE	
ALL REPORTS ATTACHED	
<p>ASSESSMENTS AND RECOMMENDATIONS</p> <p><input checked="" type="checkbox"/> Fit</p> <p><input type="checkbox"/> Unfit</p>	
<p>NAME: <u>Dr. Haneen Mudher</u> SIGNATURE: <u>Haneen</u> DATE: <u>04/04/2021</u></p>	

DR. HANEEN MUDHEER JASIM BNAI SAADI
General Practitioner
MOH Lic. No: 19308
nmc speciality hospital, Al Hail