

# 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 <b>Male</b>	Marital Status <b>Single/ Married/ Widow (er)/ Divorced/ Separated</b>			No. of Children

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

High blood pressure	(N)	Y	Epilepsy/ Dizziness/ Migraine	(N)	Y
Diabetes	(N)	Y	Skin diseases	(N)	Y
Kidney problems	(N)	Y	Malaria	(N)	Y
Heart problems	(N)	Y	Eye/ Ear/ Nose/ Throat	(N)	Y
Stomach Ulcers	(N)	Y	Accidental Injury/ Fracture	(N)	Y
Liver problems	(N)	Y	Surgery	N	(Y)
Breathing Problems	(N)	Y	Allergy (food or drugs)	(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? *walk*

To be filled by the examining Doctor or Nurse:

Height (cm)	Weight (kg)	B.P.	Pulse	Vision	R	L
167 cm.	86 Kg	133 / 106 mm Hg	106 b/m	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:** -----

AUDIOGRAM/AUDIOMETRY	<b>DONE</b>
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**

	<b>ASSESSMENTS AND RECOMMENDATIONS</b>
	<input checked="" type="checkbox"/> Fit
	<input type="checkbox"/> Unfit

NAME: Dr. Haneen Mudher SIGNATURE: Haneen DATE: 04/04/2021

