



PEACE LAND MEDICAL CENTER



MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Place of examination **MUSCAT** Date **20/6/12**If a dependant enter employee's name here:
Surname:Birth date: **21/4/88**Nationality: **INDIAN**Surname **HARWINDER SINGH**Forenames **HARWINDER SINGH**Address **90557359 - Truck**Home telephone number **92521600****Oman Equipment**Forenames: **INDIA** Religion: **SINGH**Country of birth: **INDIA** Religion: **SINGH**

Relationship to employee

Male Female Married Single Separated /Divorced Wife Son Daughter Number of children: **1**Reason for examination Pre-Employment Periodic medical check-up Job: **H. Driver**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				41. Rejected for employment or insurance for medical reasons	
2. Neck swelling/glands			22. Heart Disease				42. Awarded benefits for industrial injury/illness	
3. Difficulty in vision			23. Rheumatic fever				43. Treated for a mental condition, e.g. depression	
4. Any ear discharge			24. Abnormal heartbeat				44. Treated for problem drinking or drug abuse	
5. Asthma/bronchitis			25. High blood pressure				45. Exposed to toxic substance or noise	
6. Hayfever /other significant allergy			26. Stroke				46. An abnormal smear	
7. Any skin trouble			27. Serious chest pain				47. Any gynaecological treatment	
8. Tuberculosis			28. Any blood disease				48. Are you pregnant?	
9. Shortness of breath			29. Kidney disease				49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE	
10. Coughed/vomited blood			30. Blood in urine					
11. Severe abdominal pain			31. Painful passage of urine					
12. Stomach ulcer			32. Diabetes					
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? **NO**Have you ever taken elicited drugs? **()**Average daily alcohol consumption **NO**FAMILY HISTORY: Diabetes () Tuberculosis () Epilepsy () Asthma () Eczema ()
Heart disease () High blood pressure () Stroke () Blood Disease () Cancer ()

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: **20/6/12**Signature of Applicant: **x Jotzor**