



PEACE LAND MEDICAL CENTER



MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	HARWINDER SINGH
Forenames	HARWINDER SINGH
Address	90557359 - Truck
Home telephone number	92521600 Oman Equipment

Place of examination MUSCAT Date 20/6/21

If a dependant enter employee's name here:  
Surname: \_\_\_\_\_ Forenames: \_\_\_\_\_

Birth date: 21/4/88 Nationality: INDIAN Country of birth: INDIA Religion: SINGH

Male  Female  Married  Single  Separated /Divorced  
Relationship to employee:  Wife  Son  Daughter  
Number of children: 1

Reason for examination: Pre-Employment  Periodic medical check-up  Pre-Overseas  Job: H. Driver

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			<b>HAVE YOU EVER BEEN:-</b>			
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				<b>FOR WOMEN ONLY</b>		
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/arm/pit			40. Fear of heights						

How much tobacco each day? NO Average daily alcohol consumption NO

Have you ever taken elicited drugs? ( )  
 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: 20/6/21 Signature of Applicant: [Signature]