TON

PEACE LAND MEDICAL CENTER MUKHAIZNA

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname

Forenames ALI NAZAKAT

Address 108992208

Home telephone number 99837120

Place of examination: MUKHAIZNA Date: 5-9-22

If a dependant enter employee's name here:

Surname:

Forenames:

Birth date: 2-8-88 Nationality: PAKISTANI Country of birth: PAKISTAN Religion: MUSLIM

[√] Male [ ] Female [√] Married [ ] Single [ ] Separated /Divorced

Relationship to employee [ ] Wife [ ] Son [ ] Daughter Number of children:

Reason for examination Pre-Employment [ ] Periodic medical check-up [√] Pre-Overseas [ ]

Job: DRIVER

Name and address of family doctor

Area:

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
1. Sinus trouble		I	21. Cancer		I
2. Neck swelling/glands		I	22. Heart Disease		I
3. Difficulty in vision		I	23. Rheumatic fever		I
4. Any ear discharge		I	24. Abnormal heartbeat		I
5. Asthma/bronchitis		I	25. High blood pressure		I
6. Hayfever /other significant allergy		I	26. Stroke		I
7. Any skin trouble		I	27. Serious chest pain		I
8. Tuberculosis		I	28. Any blood disease		I
9. Shortness of breath		I	29. Kidney disease		I
10. Coughed/vomited blood		I	30. Blood in urine		I
11. Severe abdominal pain		I	31. Painful passage of urine		I
12. Stomach ulcer		I	32. Diabetes		I
13. Recurrent indigestion		I	33. Headaches/migraine		I
14. Jaundice or hepatitis		I	34. Dizziness/fainting		I
15. Gall Bladder disease		I	35. Epilepsy		I
16. Marked change in bowel habits		I	36. Joints/spinal trouble		I
17. Blood in stools (motions)		I	37. Surgical operation		I
18. Marked change in weight		I	38. Serious accident/fracture		I
19. Varicose veins		I	39. Tropical disease		I
20. Lump in breast/armpit		I	40. Fear of heights		I

HAVE YOU EVER BEEN:-	Y	N
41. Rejected for employment or insurance for medical reasons		I
42. Awarded benefits for industrial injury/illness		I
43. Treated for a mental condition, e.g. depression		I
44. Treated for problem drinking or drug abuse		I
45. Exposed to toxic substance or noise		I
FOR WOMEN ONLY		
Have you ever had:-		
46. An abnormal smear		
47. Any gynaecological treatment		
48. Are you pregnant?		
49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		

How much tobacco each day? NO

Average daily alcohol consumption NO

Have you ever taken elicited drugs? ( )

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

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: 5-9-22

Signature of Applicant: x نزاکت

Peace Land Clinic Mukhaizna P.O Box: 1403, P.C: 133, Sultanate of Oman C.R.NO:2217783

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)

N	A		PHYSICAL EXAMINATION
✓		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 DISTANT R L	VISION NEAR R L	Colour Vision	Blood Group
170	75	26.0	130/90	66 / mins.	L N R N	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.)

ASSESSMENT:

☑ **FIT ALL AREAS** ☐ **FIT WITH RESTRICTION** ☐ **TEMPORARY UNFIT** ☐ **UNFIT**

Date: Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

DR. AMR MOHAMED
GENERAL PRACTITIONER
M.O.H. REG. NO : 18991

Peace Land Clinic Mukhaizna
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C.R.NO:2317783

Date: Name (Block Capitals): Dr. / Nurse Signature: