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PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	
Forenames	Rehmat Ali Khan
Address	Muhammad Saleem
Home telephone number	96548226

Place of examination: mel-	Date: 2/5/19		
If a dependant enter employee's name here: Surname:		Forenames:	
Birth date: 11/2/1978	Nationality: Pakistan	Country of birth:	Religion:
☑ Male ☐ Female	☑ Married ☐ Single ☐ Separated /Divorced	**Relationship to employee** ☐ Wife ☒ Son ☐ Daughter	Number of children: 5
Reason for examination: Pre-Employment ☐ Periodic medical check-up ☐ Pre-Overseas ☐		Job: Operator. 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		✓	**HAVE YOU EVER BEEN:-**		
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		✓	**FOR WOMEN ONLY** Have you ever had:-		
8. Tuberculosis		✓	28. Any blood disease		✓	46. An abnormal smear		
9. Shortness of breath		✓	29. Kidney disease		✓	47. Any gynaecological treatment		
10. Coughed/vomited blood		✓	30. Blood in urine		✓	48. Are you pregnant?		
11. Severe abdominal pain		✓	31. Painful passage of urine		✓	49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
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 — 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: 2/5/19 **Signature of Applicant:** Rehmat Saleem

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FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

N	A	N = Normal A = Abnormal (please describe)	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	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
166	62	22.5	130/80	60 /mins.	L A R N	Uncorrected 6/6	6/6			N	
						Corrected					

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 +)		4.57		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** ☐ **EMPORARY UNFIT** ☐ **UNFIT**

Date: 2/5/19 Name (Block Capitals): Dr. / Nurse Signature:

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER

Dr. IMAD OMER AL-AMAEN
General Practitioner
MOH License No.: 8909

REVIEW/CONSULTATION

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