



MEDICAL ASSESSMENT FORM



DATE : 27/11/2024

Name : Balasubramani Selvam AGE 36 Y SEX Male

Nationality : Indian Res. Phone : 0542612982 Education Level:

Candidate For : Job type : Office Job Fixed Job

Graduation : University Graduate Non University Graduate Consultant

[Opposite each item mark (✓) if Normal, Mark (X) if Abnormal - Leave Blank if, Not Done]

HEIGHT 169 CM WEIGHT 69 KG BP 90 / 105 BMI

Fitness Medical
اللياقة الطبية

GENERAL

- | | | | | | |
|---|---|---|--|--|---|
| <input checked="" type="checkbox"/> Complexion | <input checked="" type="checkbox"/> Liver | <input checked="" type="checkbox"/> Kidneys | <input checked="" type="checkbox"/> Head & Neck | <input checked="" type="checkbox"/> Rectal Exam | <input checked="" type="checkbox"/> Hemia |
| <input checked="" type="checkbox"/> Digits/Nail | <input checked="" type="checkbox"/> Mouth | <input checked="" type="checkbox"/> Spleen | <input checked="" type="checkbox"/> Gall Bladder | <input checked="" type="checkbox"/> Skin/Scar | <input type="checkbox"/> Joinis |
| <input checked="" type="checkbox"/> Lymph nodes | <input checked="" type="checkbox"/> Edema | <input checked="" type="checkbox"/> Ascites | <input checked="" type="checkbox"/> Others | <input checked="" type="checkbox"/> External Genitalia | |

NORMAL

EYE

- | | | |
|------------------|-------------------------------------|-------------------------------------|
| Vision aided | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Aided | <input type="checkbox"/> | <input type="checkbox"/> |
| Lens Power | <input type="checkbox"/> | <input type="checkbox"/> |
| Ocular Motility | <input type="checkbox"/> | <input type="checkbox"/> |
| Anterior Segment | <input type="checkbox"/> | <input type="checkbox"/> |
| Tension | <input type="checkbox"/> | <input type="checkbox"/> |
| Fundi | <input type="checkbox"/> | <input type="checkbox"/> |
| Color Vision | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Dr. Talal Yousof
E.N.T. Specialist - Lic # 42074021

NORMAL

E.N.T

- | | | |
|-------------------|-------------------------------------|-------------------------------------|
| Audiogram | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Tympanic Membrane | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Infection | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Nose | <input type="checkbox"/> | <input type="checkbox"/> |
| Throat | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> |

NORMAL

NERVOUS SYSTEM

- | | |
|----------------|-------------------------------------|
| Gait | <input checked="" type="checkbox"/> |
| Cranial nerves | <input checked="" type="checkbox"/> |
| Motor Power | <input checked="" type="checkbox"/> |
| Sensation | <input checked="" type="checkbox"/> |
| Coordination | <input checked="" type="checkbox"/> |
| Reflex | <input checked="" type="checkbox"/> |
| Other | <input type="checkbox"/> |

ORTHOPEDIC

- | | |
|-------------|--------------------------|
| Skull | <input type="checkbox"/> |
| Extremities | <input type="checkbox"/> |
| Spine | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

NORMAL

Dr. Ferroz Taha
Optician - Lic # 42074100

Dr. Aamana Siddique
General Physician Lic # 42074038

Specialist Name & Sign

Specialist Name & Sign

Physician Sign

INVESTIGATIONS

Blood

- | | | | |
|--------------------|-------|------------|-------|
| Group | _____ | CBC | _____ |
| Hb electrophoresis | _____ | HBsAg | _____ |
| HCV | _____ | HIV | _____ |
| Bun | _____ | ALT | _____ |
| Bilirubin | _____ | Creatinine | _____ |

Stool Analysis

- | | |
|-----------------|-------|
| Ova & Parasites | _____ |
| Chest X-Ray | _____ |

Urine Analysis

- | | | | | | | | |
|-------------------|-------|-------------|-------|----------|-------|-----|-------|
| Alb | _____ | Sugar | _____ | Micro | _____ | C&S | _____ |
| Urine Cannabinoid | _____ | Amphetamine | _____ | Heroin | _____ | | _____ |
| Methamphetamine | _____ | Cocaine | _____ | Morphine | _____ | | _____ |
| Others | _____ | | | | | | |

Others Laboratory

- | | | | |
|--------|-------|-------|-------|
| FBS | _____ | HBA1C | _____ |
| ECG | _____ | | _____ |
| Others | _____ | | |

Summary of abnormalities & Recommendation :

Don't write under this line (for the company)

لا تكتب تحت هذا الخط (خاص بالشركة)

CONCLUSION

FIT

Un-FIT

Please State the Reason

اعتماد مدير دائرة الخدمات الصحية المهنية

توقيع طبيب الشركة (2)

توقيع طبيب الشركة (1)