

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"/> |
| Aided | <input type="checkbox"/> |
| Lens Power | <input type="checkbox"/> |
| Ocular Motility | <input type="checkbox"/> |
| Anterior Segment | <input type="checkbox"/> |
| Tension | <input type="checkbox"/> |
| Fundi | <input type="checkbox"/> |

Color Vision
17 17

E.N.T

- | | | |
|-------------------|-------------------------------------|-------------------------------------|
| | R | L |
| 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

Specialist Name & Sign

Specialist Name & Sign

Physician Sign

INVESTIGATIONS

Blood

Group _____ CBC _____
Hb electrophoresis _____ HBsAg _____
HCV _____ HIV _____
Bun _____ ALT _____ AST _____
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)

