Saudi German Health

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 Universite 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

✓ Complexion	✓ Liver	✓ Kidneys	✓ Head &Neck	✓ Rectal Exam	✓ Hemia
✓ Digitsl/Nail	✓ Mouth	✓ Spleen	✓ Gell Bladder	✓ Skin/Scar	☐ Joinis
✓ Lymph nodes	✓ Edema	✓ Ascites	✓ Others	✓ External Genitalia	

NORMAL

EYE

	R	L
Vision aided	✓	✓
Aided		
Lens Power		
Ocular Motility		
Anterior Segment		
Tension		
Fundi		
Color Vision	17	17

د. طلال يوسف Dr. Talal Yousuf E.N.T. Specialist Lic # 42075021 Saudi German Health

NORMAL

E.N.T

	R	L
Audiogram	✓	✓
Tympanic Membrane	✓	✓
Infection	✓	✓
Nose		
Throat		
Other		

NORMAL

NERVOUS SYSTEM

Gait	✓
Cranial nerves	✓
Motor Power	✓
Sensation	✓
Coordination	✓
Reflex	✓
Other	☐

ORTHOPEDIC

Skull
Extnemities
Spine
Other

NORMAL

Saudi German Health — Ophthalmology - Lic # 42074100 — د. فيروز طه Dr. Feroz Taha

Saudi German Health — د. أمنه صديقي Dr. Aamana Siddiqe General Physician Lic # 42074038

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 _____ Heroine _____
Methamphetamine _____ Cocaine _____ Morphine _____
Others _____

Others Laboratory

FBS _____ HBA1C _____
ECG _____
Others _____

Summary of abnormalities & Recommendation : _____

Fitness Medical اللياقة الطبية

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)

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