

PRE-EMPLOYMENT MEDICAL EXAMINATION & INVESTIGATION – EXTERNAL PHYSICIANS

Examining Physicians to please complete sections A to K only.

For assistance please email medical.clinic@dubaipetroleum.ae

Please confirm photo identification (preferably passport copy) prior to examination and attach to this record.

Complete all investigation (Audiometry / Spirometry / EKG / Chest X-ray / Laboratory tests, as mentioned) and record result.

Once complete, please give it to the examinee or email to medical.clinic@dubaipetroleum.ae

Please attach all investigation reports. Do not attach x-rays.

A: PERSONAL PARTICULARS

Photo Identification		Date	
Name			
Birth date	Age	Gender	Nationality
Mobile tel. .		Email add	

B: BIOMETRICS

Height	cms	Weight	kgs	BMI
Chest – inspiration	cms	Chest –expiration	cms	Abdomen
				cms

C: VITAL SIGNS

Pulse	Blood Pressure
Respiration	Temperature

D: EXAMINATION

NE – not examined

		NE	N	ABN	Comments on abnormality (ABN)
GENERAL PHYSICAL	Build & Appearance				
	Anaemia / Icterus				
	Oedema				
	Lymphadenopathy				
	Deformity				
	Injury				
CARDIOVASCULAR	Heart Apex				
	Heart Sounds				
	Murmurs				
	Varicose Veins				
RESPIRATORY	Nasal Airways				
	Oral Cavity				
	Neck				
	Thyroid				
	Chest Shape				
	Movement				
	Percussion				
	Auscultation				

		NE	N	ABN	Comments on abnormality (ABN)
ALIMENTARY	Teeth				
	Abdomen				
	Liver / Spleen				
	Hernial Orifices				
	Genitalia				
	Anus / Rectum / Prostate				
INTEGUMENTARY	Hair				
	Skin				
	Nail				
MUSCULOSKELETAL	Hands				
	Limbs				
	Back				
	Joints				
NEUROLOGICAL	Higher Functions				
	Cranial Nerves				
	Muscle Power				
	Sensations				
	Reflexes				
OTHERS (if any)					

E: EYES & VISION

	RIGHT		LEFT	
Pupils				
Movements				
Vision Distance	Uncorr.	Corr.	Uncorr.	Corr.
Near	Uncorr.	Corr.	Uncorr.	Corr.
Colour Vision			Stereopsis	

F: EARS AND AUDIOMETRY

	RIGHT	LEFT
Meatus		
Tympanic membrane		
AUDIOMETRY		
Comments		

G: SPIROMETRY

VC % Predicted	FVC % Predicted	FEV1 % Predicted	PEFR
Comments			

Name	Date	Clinic No.
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H: ELECTROCARDIOGRAM

Comments

I: CHEST X RAY – PA – SINGLE VIEW

Comments

J: LABORATORY INVESTIGATIONS

	TEST	VALUE	UNITS	N	ABN	COMMENTS
HAEMATOLOGY	Hemoglobin		gm/dl			
	Hematocrit		%			
	RBC		10 ⁹ /L or 10 ⁶ /mL			
	WBC		10 ⁹ /L or 10 ³ /mL			
	Granulocytes		%			
	Lymphocytes		%			
	Others		%			
	Platelets		10 ¹² /L or 10 ³ /mL			
	ESR		mm/hr			
BIOCHEMISTRY	Blood Sugar - fasting		mg/dl			
	HbA1c		%			
	Creatinine		mg/dl			
	Uric Acid		mg/dl			
	Bilirubin – Total		mg/dl			
	Proteins – Total		gm/dl			
	AST (SGOT)		U/L			
	ALT (SGPT)		U/L			
	Alkaline Phosphatase		U/L			
	GGT		U/L			
	CPK		U/L			
	Total Cholesterol		mg/dl			
	Triglycerides		mg/dl			
	HDL Cholesterol		mg/dl			
	LDL Cholesterol		mg/dl			

	TEST	VALUE	UNITS (if applic.)	N	ABN	Comments
SEROLOGY	HBsAg					
	HIV					
	PSA (If age over 40)					
URINALYSIS	Sp. gravity	pH	Sugar	Albumin	Blood	
	Comment					
STOOL ANALYSIS	Occult Blood	Mucous	Ova	Cyst		
	Comment					
BLOOD GROUP	ABO	Rh				
SOAT (Perform 8 point Urine Drug test)	Positive	Negative				
	Comment					

K: EXAMINERS COMMENTS

Signature of Examiner / Stamp	Date
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L: REVIEWER'S COMMENTS (FOR DUBAI PETROLEUM MEDICAL CLINIC)

Signature of Reviewer / Stamp	Date
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M: FOLLOW UP (FOR DUBAI PETROLEUM MEDICAL CLINIC)

Follow up requirement
