



MTD GROUP

MEDICAL EXAMINATION

Name in Full : _____
Employee No. : _____
NRIC : _____
Age : _____
Company : _____

Weight : _____ Mantoux Tests : _____
Height : _____ Urine : _____
Blood Pressure : _____ Sugar Level : _____
Pulse Rate : _____ Albumin Level : _____

BMI (Body Mass Index) : _____

Eye Test

Left : _____
Right : _____

Ear Test

Left : _____
Right : _____

Throat Examination : _____
Physical Examination : _____

Disease	: Yes	No
Asthma	: <input type="checkbox"/>	<input type="checkbox"/>
Diabetes	: <input type="checkbox"/>	<input type="checkbox"/>
Hypertension	: <input type="checkbox"/>	<input type="checkbox"/>
Operation	: <input type="checkbox"/>	<input type="checkbox"/>

If yes, please specify type of operation (s) : _____

Chest x-ray report no. : _____
Chest x-ray result : _____
Investigation : _____
Any addiction to drugs : Yes/No
If yes, specify type of drug : _____

Doctor's recommendation : Fit/Unfit
Clinic Summary : _____

Date of Examination : _____

Name of Medical Officer & Signature

Clinic Stamp with Address
