Emp No: 1718

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS Age: 24 yrs

RUSAYL HEALTH CENTRE

INITIAL EXAMINATION REPORT

Surname	
Forenames	MD. Shahin Shikh
Address	Tuela Oman
Place of examination / Date 15/08/17 RHC	
Home Telephone number	Mobi 96326251

If a dependant or fiancee entr employees name jere :-

Surname : Forenames:

	Naticnality Bangladeshi	Country of birth Bangladesh	Religion Muslim

✓ Male / Female	Single / ✓ Married	Widow(er) / Divorced Separated	Relationship to employee: ✓ Wife, Son, @ Daughter, Fiancee

Number of Children: 1

Reason for examination: ✓ Pre-employment / Pre-overseas

Job :- Helper

Area:- Desert

Name and address of family doctor	List your last 3 jobs
	(1)
	(2)
	(3)

Are you Registered Disabled Person? (UK ☐ Do you belong to any Medical Insurance Scheme? ☐

DO YOU HAVE OR HAVE YOU HAD :- (Tick 'yes' or 'No' column or put a (?) It uncerlain exclude minor ailmenis.)

	Y	N
1. Sirius rouble		X
2. Neck swellings/flands		X
3. Difficulty in vision		X
4. Any ear discharge		X
5. Asthma/bronchitis		X
6. Hayfever/other allergy		X
7. Any skin trouble		X
8. Tuberculosis		X
9. Shortness of breath		X
10. Coughed/vomited blood		X
11. Severe abdominal pain		X
12. Stomach ulcer		X
13. Recurrent indigestion		X
14. Jaundice or hepatitis		X
15. Gall bladder disease		X
16. Marked change in bowel habits		X
17. Blood in stools (motions)		X
18. Marked change in weight		X
19. Varicose veins		X
20. Lump in breast/armpit		X
21. Cancer		X

	Y	N
22. Heart Disease		X
23. Rheumatic Fever		X
24. Abnormal heartbeat		X
25. High blood pressure		X
26. Stroke		X
27. Serious chest pain		X
28. Any blood disease		X
29. Kidney disease		X
30. Painful passage of urine		X
31. Blood in urine		X
32. Diabetes		X
33. Headaches /migraine		X
34. Dizziness/tainting		X
35. Epilepsy		X
36. Joints/spinal trouble		X
37. Surgical operation		X
38. Serious accident /tracture		X
39. Tropical disease		X
40. Fear of heights		X
HAVE YOU EVER BEEN:- 41. Rejected for employment or insurance for medical reasons		X

	Y	N
42. Awarded benifities for Industrial injury/illness		X
43. Treated for a mental condition. eg . depression		X
44. Treated for problem drinking or drug abuse		X
45. Exposed to toxic substance or noise		X
FOR WOMEN ONLY Have you aver had:-		
46. An abnormal smear		
47. Any gynaecological treatment		
48. Are you pregnant?		
49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE ?		

How much tabacco each day ? Nil

Average daily alcohol consuption Nil

Family history: Diabetes X, Tuberculosis X, Epilepsy X, Asthama X, Eczema X, Heart disease X, High blood pressure X, Stroke X, Cancer X, Blood disease X

PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT :-
I declare these statements to be true to the best of my knowledge and belief and I agree that the result of this medical in general terms may be revealed to the company if required, and the details sent to my own doctor if this is considered necessary by the examining medical officer.

Date 15/08/17

Signature of applicant MD SHAHIN

FOR COMPLETION BY EXAMINING DOCTOR OR SISTER
FURTHER DETAILS OF MEDICAL HISTORY AND RECREATIONAL ACTIVITIES

MD

N	A	N - Normal A - Abnormal Please Describe	PHYSICAL EXAMINATION
✓		1. Eyes & Pupils	
✓		2. E.N.T.	
✓		3. Teeth & Mouth	
✓		4. Lungs & Chest	
✓		5. Cardiovascular System	
✓		6. Abdo. Viscera	
✓		7. Hernial Orifices	
✓		8. Anus & Rectum	
✓		9. Genito - urinary	
✓		10. Extremities	
✓		11. Muscula-skeletal	
✓		12. Skin & Varicose Vns.	
✓		13. C.N.S.	
✓		14. Breasts	
		15.	

HEIGHT cm	WEIGHT kg	B.P.	HEARING	HEARING	VISION:	DISTANT R | L	NEAR R | L	COLOUR VISION	BLOOD GROUP
162cm	65kg	130/86	L N R	L N R	Uncorrected Corrected	6/6 | 6/6	N | N	Normal	

N	A	LABORATORY AND SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis			6. Audiogram
✓		2. Hb Bloodcount ESR			7. Lung Function
✓		3. Serum Profile			8. Chest X-Ray
✓		4. Stool			9. Drug Screen
		5. E.C.G.			10. CR Screen

FBS - 108.94mg/dl
Sickling test - Negative

OTHER FINDINGS (physique, scars, disabilities, mental stability etc.)

Bmi - 22.48

ASSESSMENT

☑ FIT ALL AREAS ☐ FIT HOME SERVICES ONLY ☐ UNFIT/UNSUITABLE ☐ MAY BE REASSESSED

Date 14/02/2017 Signature [signature] Name (Block Capitals) Doctor / Sister

DR. EVALYN T. DEOCAREZA
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 16242

REVIEW/CONSULTATION

Date Signature Name (Block Capitals) Doctor / Sister

RUSAYL HEALTH CENTRE

Rusayl Industrial Estate,
P.O.BOX: 18 Rusayl, Postal Code :124
Phone : 24446151/54 Fax : 24446833

Doc No: 0014999 **Date:** 15/08/2017 **Time:** 14:11

Name: MD SHAHIN SHIKH **Age:** 24 Y **Sex:** M

Address **CPR No:** 111925422

Ref By: DR.EVALYN **Bill No:** 0023054 **File No:** 0021168

Chs No: **GSM No:** 96326251

Test	Result	Normal Range
MEDICAL: TRUCK OMAN (PDO)		
CBC		
Haemoglobin	15.4 g/dl	Male: 12 - 16g/dl Female: 11 -14 g/dl
R.B.C	4.99 Mln/cu mm	4.5 - 6.5 Mln/cu mm
Haematocrit	41.69 %	35-45 %
M.C.V	84.0 Fl	78-90 fl
M.C.H	30.9 Pg	27 - 32 pg
MCHC	36.90 %	30 - 35 %
Platelets	263 Thsds/cu m	150-400
TLC	8010 per cu mm	4000-11000 per cu mm
Diff :Leukocyte Count		
NEUTROPHIL	65 %	40-75 %
LYMPHOCYTE	32 %	20-45 %
EOSINOPHIL	01 %	01-06 %
MONOCYTE	02 %	02-10 %
BASOPHIL	00 %	< 1 %
SICKLING TEST	NEGATIVE	
FBS	108.94 mg/dL	70-110 mg/dl

Medical Technologist *Clinical Pathologist*

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Test	Result	Normal Range
LIPID PROFILE		
Total Cholesterol	237.55 mg/dL	< 200 mg/dl
HDL Cholesterol	30.62 mg/dL	>40 mg/dl (gen)
LDL Cholesterol	177.022 mg/dL	100-129 mg/dl
VLDL Cholesterol	29.908 mg/dL	12-30 mg/dL
Triglycerides	149.54 mg/dL	<150 mg/dL
LIVER FUNCTION TEST (LFT)		
Bilirubin Total	2.0 mg/dl	up to 1.2 mg/dl
S.G.O.T.	24.4 U/L	up to 40 U/L
S.G.P.T.	44.90 U/L	up to 40 U/L
RFT (RENAL FUNCTION TEST)		
Blood Urea	26.42 mg/dl	16.6-48.5 mg/dL
S. Creatinine	0.80 mg/dl	M: 0.70 - 1.20 mg/dL F: 0.50 - 0.90 mg/dL

Medical Technologist *Clinical Pathologist*

RUSAYL HEALTH CENTRE

15/08/2017 14:20:42

RUSAYL HEALTH CENTRE

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Phone : 24446151/54 Fax : 24446833

Doc No: 0014999 **Date:** 15/08/2017 **Time:** 14:11

Name: MD SHAHIN SHIKH **Age:** 24 Y **Sex:** M

Address **CPR No:** 111925422

Re' y: DR.EVALYN **Bill No:** 0023054 **File No:** 0021168

Chs No: **GSM No:** 96326251

Test	Result	Normal Range
S. Uric Acid	5.30 mg/dl	M: 3.4 - 7.0 mg/dL F: 2.4 - 5.7 mg/dL

URINE COMPLETE ANALYSIS

PHYSICAL & CHEMICAL EXAMINATION

Colour	YELLOW
Sp.Gravity	1.010
Reaction	5.0
Protein	NIL
Glucose	NIL
RBC	NIL
Bilirubin	NIL
Ketones	NIL

MICROSCOPIC EXAMINATION

Pus Cells	0-2/HPF
Red Cells	0-1/HPF
Epithelial Cells	NIL
Casts	NIL

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Test	Result	Normal Range
Crystals	NIL	
Bacteria	FEW	
Mucus Thread	NIL	
Amorphous Urates/ Phosphates	NIL	

Medical Technologist

Clinical Pathologist

RUSAYL HEALTH CENTRE