

1528

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



رُسَيْلُ الْمَسَالِكِ
RUSAYL HEALTH CENTRE
SAHARA - PAC / RS - PAC

INITIAL EXAMINATION REPORT

Place of examination **Bahya** Date **1 / 1**
06-09-18

Surname **Farhan Jameed**
 Forenames **DOB - 13-09-1985, CN - 99706099**
 Address **Trucks Oman - Graima (Bahya)**
 Home Telephone number **9696 0227**

If a dependant or fiancee entr employees name jere :-

Surname:

Forenames:

		Nationality Pakistani	Country of birth Pakistan	Religion Islam
<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Single	<input type="checkbox"/> Widow(er)	Relationship to employee	
<input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Divorced Separated	<input checked="" type="checkbox"/> Wife	<input checked="" type="checkbox"/> Son
			<input type="checkbox"/> Daughter	<input type="checkbox"/> Fiancee
			Number of Children 2	

Reason for examination **Pre-employment** Job: - **HSE Advisor**
Pro medical Pre-overseas Area: - **Graima**

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		Y	N		Y	N
1. Sirius trouble		✓	22. Heart Disease		✓	42. Awarded benifities for Industrial injury/lilness		✓
2. Neck swellings/flands		✓	23. Rheumatic Fever		✓	43. Treated for a mental condition. eg . depression		✓
3. Difficulty in vision		✓	24. Abnormal heartbeat		✓	44. Treated for problem drinking or drug abuse		✓
4. Any ear discharge		✓	25. High blood pressure		✓	45. Exposed to toxic substance or noise		✓
5. Asthma/bronchitis		✓	26. Stroke		✓	FOR WOMEN ONLY		
6. Hayfever/other allergy		✓	27. Serious chest pain		✓	Have you ever had:-		
7. Any skin trouble		✓	28. Any blood disease		✓	46. An abnormal smear		
8. Tuberculosis		✓	29. Kidney disease		✓	47. Any gynaecological treatment		
9. Shortness of breath		✓	30. Painful passage of urine		✓	48. Are you pregnant?		
10. Coughed/vomited blood		✓	31. Blood in urine		✓	49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE ?		
11. Severe abdominal pain		✓	32. Diabetes		✓			
12. Stomach ulcer		✓	33. Headaches /migraine		✓			
13. Recurrent indigestion		✓	34. Dizziness/tainting		✓			
14. Jaundice or hepatitis		✓	35. Epilepsy		✓			
15. Gall bladder disease		✓	36. Joints/spinal trouble		✓			
16. Marked change in bowel habits		✓	37. Surgical operation		✓			
17. Blood in stools (motions)		✓	38. Serious accident /fracture		✓			
18. Marked change in weight		✓	39. Tropical disease		✓			
19. Varicose veins		✓	40. Fear of heights		✓			
20. Lump in breast/armpit		✓	HAVE YOU EVER BEEN:-					
21. Cancer		✓	41. Rejected for employment or insurance for medical reasons					

How much tabacco each day? **NA**Average daily alcohol consuption **NA**

Family history	<input checked="" type="checkbox"/> Diabetes	<input checked="" type="checkbox"/> Tuberculosis	<input checked="" type="checkbox"/> Epilepsy	<input checked="" type="checkbox"/> Asthma	<input checked="" type="checkbox"/> NA NA
	<input checked="" type="checkbox"/> Heart disease	<input checked="" type="checkbox"/> High blood pressure	<input checked="" type="checkbox"/> Stroke	<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA NA
					<input checked="" type="checkbox"/> NA NA
					<input checked="" type="checkbox"/> NA NA

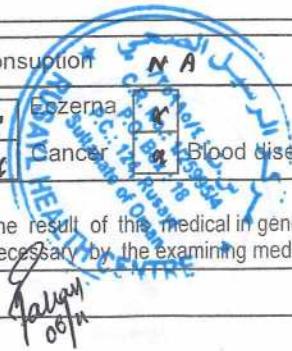
PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT :-

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

6 - 11 - 18

Signature of applicant



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

N - Normal A - Abnormal Please Describe		PHYSICAL EXAMINATION								
N	A									
<ul style="list-style-type: none"> 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. 121/80 mmHg	HEARING L	HEARING R	VISION: Uncorrected	DISTANT R L	NEAR R L	COLOUR VISION	BLOOD GROUP	
173	104				Corrected					
N A		LABORATORY AND SPECIAL INVESTIGATIONS							N	A
<ul style="list-style-type: none"> 1. Urimalysis 2. Hb Bloodcount ESR 3. Sarum Profile 4. Stool 5. E.C.G. 		<ul style="list-style-type: none"> • dyslipidemia 								6. Audiogram
										7. Lung Function
										8. Chest X-Ray
										9. Drug Screen
										10. CR Screen

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

• BMI : obese

Adv.

- Avoid extra calories and fatty foods
- Do Regular physical exercise
- Follow after 3 months for lipid profile

ASSESSMENT

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

Date 6-11-18

Signature

DR. MOHAMMAD MARUF FERDOUS

Medical Officer

RUSAYL HEALTH CENTRE

MOH LIC NO. 12930

Doctor / Sister

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

