



INITIAL EXAMINATION REPORT

 Place of examination **Bahya** Date **06.04.19**

 Surname **Gil Dionio Ihana**
 Forenames **DOB - 08-08-89**
 Address **CN - 99419184**
 Home Telephone number **94387096**

If a dependant or fiancee entr employees name here :-

Surname :

Forenames:

Nationality **philippino**Country of birth **philippines**Religion **christian**

<input checked="" type="checkbox"/> Male	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Widow(er)	<input type="checkbox"/> Wife	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter	<input type="checkbox"/> Fiancee	Relationship to employee	Number of Children
<input type="checkbox"/> Female	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated					-

 Reason for examination **PDO medical** Pre-employment **Driver**
 Pre-overseas **Harina**

Job :-

Area:-

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 underlain exclude minor ailmenis.)

	Y	N		Y	N		Y	N
1. Sirius rouble		✓	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 ?

3 8 € 1 day

Average daily alcohol consuption

Family history	<input checked="" type="checkbox"/> Diabetes	<input type="checkbox"/> Tuberculosis	<input checked="" type="checkbox"/> Epilepsy	<input checked="" type="checkbox"/> Asthama	<input checked="" type="checkbox"/> Eczerna	<input checked="" type="checkbox"/> Blood disease
	<input checked="" type="checkbox"/> Heart disease	<input checked="" type="checkbox"/> High blood pressure		<input checked="" type="checkbox"/> Stroke	<input checked="" type="checkbox"/> Cancer	<input checked="" type="checkbox"/>

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

00-04-19

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									
	1. Eyes & Pupils									
	2. E.N.T.									
	3. Teeth & Mouth									
	4. Lungs & Chest									
	5. Cardiovascular System									
	6. Abdo. Viscera									
	7. Hermial 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. 130/80	HEARING L R	HEARING L R	VISION: Uncorrected Corrected	DISTANT R L	NEAR R L	COLOUR VISION	BLOOD GROUP	
174	91									
N A		LABORATORY AND SPECIAL INVESTIGATIONS					N	A		
	1. Urimalysis								6. Audiogram	
	2. Hb Bloodcount ESR								7. Lung Function	
	3. Sarum Profile								8. Chest X-Ray	
	4. Stool								9. Drug Screen	
	5. E.C.G.								10. CR Screen	

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

Bmi: Obese

Adv:

- Avoid extra calories and fatty foods.
- Do regular physical exercise.

ASSESSMENT

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

Date 01-04-19

Signature

DR. MOHAMMAD MARUF FERDOUS
Name (Block Capitals)
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 12930

Doctor / Sister

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor / Sister