

#1549

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



مركز الرعاية الصحية
RUSAYL HEALTH CENTRE
NIMR, FAHUD, QARNALAM, BHAJA, SAHRIWAL, MARWUL

INITIAL EXAMINATION REPORT

Surname Ricky Subrabas lenas DOB-03-03-1965																																																																																																																																		
Forenames CN-92627298																																																																																																																																		
Address Truck Oman, Haima																																																																																																																																		
Place of examination Bahja	Date 22-12-18																																																																																																																																	
Home Telephone number 93531641																																																																																																																																		
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Reason for examination ppo medical	Pre-employment <input type="checkbox"/> Pre-overseas <input type="checkbox"/> Job :- DRIVER (WOOD) Area:- Bahja, Haima																																																																																																																																	
Name and address of family doctor	List your last 3 jobs																																																																																																																																	
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	(3)																																																																																																																																	
Are you Registered Disabled Person? (UK) <input type="checkbox"/>	Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>																																																																																																																																	
DO YOU HAVE OR HAVE YOU HAD :- (Tick 'yes' or 'No' column or put a (?) If uncertain exclude minor ailmenis.)																																																																																																																																		
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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 22-12-18	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		<p>BMI: 27.5 kg/m²</p>							
/		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 L	HEARING R	VISION: Uncorrected	DISTANT R L	NEAR R L	COLOUR VISION	BLOOD GROUP	
164	74	150/95	L	R	Corrected					
N	A	LABORATORY AND SPECIAL INVESTIGATIONS				N	A			
/		1. Urinalysis	<p>TMT - (done) = (+ve) for ischemia</p>						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: overweight

- Adv:
- Avoid extra calories and fatty foods.
 - Do regular physical exercise
 - visit your physician regularly to keep blood sugar level in control as well as HTN.

ASSESSMENT

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

(with medication)

Date 11-1-19

Signature

[Signature]

DR. MOHAMMAD MARUF FERDOUS
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 12930

Name (Block Capitals)

Doctor / Sister

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor / Sister

