

1549

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



مكتب الصحة العام
RUSAYL HEALTH CENTRE
NIMR, FAHUD, QARNALAH, BHAJA, SAIRIWAL, MARWAL

INITIAL EXAMINATION REPORT

Place of examination **Bahja** Date **1 / 1**
22-12-18 Home Telephone number **93531646**

If a dependant or fiancee entr employees name jere :-

Surname :

Forenames:

Nationality **philippino**

Country of birth **philipine**

Religion **christian**

<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Single	<input type="checkbox"/> Widow(er)	<input type="checkbox"/> Wife	<input checked="" type="checkbox"/> Son	<input checked="" type="checkbox"/> Daughter	<input type="checkbox"/> Fiancee	Number of Children 4
<input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Divorced Separated					

Reason for examination **pre medical** Pre-employment
 Pre-overseas

Job :- **DRIVER (NDO),
Bahja, Haima**
 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 ? **NA**

Average daily alcohol consuption **NA**

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

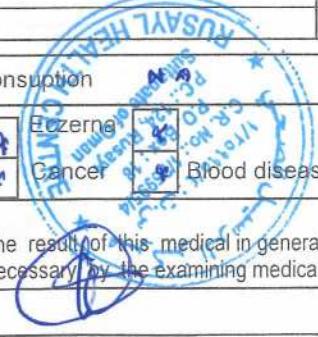
PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT :-

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

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
✓	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.

• BMI : 27.5 kg/m²

HEIGHT cm	WEIGHT kg	B.P. 150/95	HEARING L	HEARING R	VISION: Uncorrected	DISTANT R L	NEAR R L	COLOUR VISION O.	BLOOD GROUP
162	78		① L	① R	Corrected	①	①		

LABORATORY AND SPECIAL INVESTIGATIONS

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

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

Signature

• M.R.

DR. MOHAMMAD MARUF FERDOUS

MEDICAL OFFICER

RUSAYL HEALTH CENTRE

MOP LIC NO. 12930

Doctor / Sister

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor / Sister

