

1566

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



ریسالی ہلٹ سینٹر
RUSAYL HEALTH CENTRE
NIMR, FAHUD, QARNALAH, BHAJA, SAHRIWAL, YARMUL

INITIAL EXAMINATION REPORT

Place of examination Bajja	Date 10/03/19	Home Telephone number 94462856
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If a dependant or fiancee entr employees name here :-

Surname:

Forenames:

	Nationality Bangladeshi	Country of birth Bangladesh	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
Reason for examination 100 medical		Job :- Rigger	<input checked="" type="checkbox"/> Son
		Area:- Haima	<input checked="" type="checkbox"/> Daughter
			<input type="checkbox"/> Fiancee
			Number of Children 4

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 unclain exclude minor ailmenis.)

	Y	N		Y	N		Y	N
1. Sirius rouble		✓	22. Heart Disease			42. Awarded benifities for		
2. Neck swellings/flands		✓	23. Rheumatic Fever			Industrial injury/lilness		
3. Difficulty in vision		✓	24. Abnormal heartbeat			43. Treated for a mental		
4. Any ear discharge		✓	25. High blood pressure			condition. eg . depression		
5. Asthma/bronchitis		✓	26. Stroke			44. Treated for problem		
6. Hayfever/other allergy		✓	27. Serious chest pain			drinking or drug abuse		
7. Any skin trouble		✓	28. Any blood disease			45. Exposed to toxic		
8. Tuberculosis		✓	29. Kidney disease			substance or noise		
9. Shortness of breath		✓	30. Painful passage of urine			FOR WOMEN ONLY		
10. Coughed/vomited blood		✓	31. Blood in urine			Have you aver had:-		
11. Severe abdominal pain		✓	32. Diabetes			46. An abnormal smear		
12. Stomach ulcer		✓	33. Headaches /migraine			47. Any gynaecological treatment		
13. Recurrent indigestion		✓	34. Dizziness/tainting			48. Are you pregnant?		
14. Jaundice or hepatitis		✓	35. Epilepsy			49. HAVE YOU HAD AN		
15. Gall bladder disease		✓	36. Joints/spinal trouble			ILLNESS NOT MENTIONED		
16. Marked change in bowel habits		✓	37. Surgical operation			ABOVE ?		
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	Diabetes <input checked="" type="checkbox"/>	Tuberculosis <input checked="" type="checkbox"/>	Epilepsy <input checked="" type="checkbox"/>	Asthma <input checked="" type="checkbox"/>	Eczema <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"/>
				Box: 18 P.C. 1234567890 State of Oman	Blood disease <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 10-3-19	Signature of applicant PEARUL
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FOR COMPLETION BY EXAMINING DOCTOR OR SISTER
FURTHER DETAILS OF MEDICAL HISTORY AND RECREATIONAL ACTIVITIES

LABORATORY INVESTIGATION

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.

HEIGHT cm	WEIGHT kg	B.P. mmHg	HEARING L	HEARING R	VISION: Uncorrected	DISTANT R L	NEAR R L	COLOUR VISION	BLOOD GROUP
166	62	116/168	0	0	Corrected	0	0	0	

N	A	LABORATORY AND SPECIAL INVESTIGATIONS	N	A
✓		1. Urimalysis		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

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

• BMI : Overweight

Adv.

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

ASSESSMENT

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

Date 11-03-19 Signature

DR. MOHAMMAD MARUF FERDOUS

Name (Block Capitals) MEDICAL OFFICER

RUSAYL HEALTH CENTRE

MOH LIC NO. 12930

Doctor / Sister

REVIEW/CONSULTATION

Date Signature Doctor / Sister

Name (Block Capitals)

Doctor / Sister



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

Lab. Technician