

#1567

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



محل العلاج والرعاية الطبية
RUSAYL HEALTH CENTRE
NIR, FAHUD, QARNALAV, BHAJA, SAIMRIWAL, VARMUL

INITIAL EXAMINATION REPORT

Place of examination	Date	1/1/19
		10-03-19
		Home Telephone number 97363448

If a dependant or fiancee entr employees name jere :-

Surname:		Forenames: Bangladesh	
Male	Single	Widow(er)	Relationship to employee
Female	Married	Divorced Separated	<input checked="" type="checkbox"/> Wife <input type="checkbox"/> Son <input checked="" type="checkbox"/> Daughter <input type="checkbox"/> Fiancee
Number of Children		2	

Reason for examination	Pre-employment	Job :- Rigger
PDO medical	Pre-overseas	Area:- Isaima

Name and address of family doctor	List your last 3 jobs
	(1)
	(2)
	(3)

Are you Registered Disabled Person? (UK)	<input type="checkbox"/>	Do you belong to any Medical Insurance Scheme?	<input type="checkbox"/>
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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 rouble	✓	22. Heart Disease	✓	42. Awarded benifities for Industrial injury/lillness	✓
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 ?	NO	Average daily alcohol consumption	
Family history	Diabetes <input checked="" type="checkbox"/>	Tuberculosis <input type="checkbox"/>	Epilepsy <input type="checkbox"/>
	Heart disease <input checked="" type="checkbox"/>	High blood pressure <input checked="" type="checkbox"/>	Asthma <input type="checkbox"/>
			Stroke <input checked="" type="checkbox"/>
			Cancer <input checked="" type="checkbox"/>
			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

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
161	73	119/86	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. 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 excess calories and fatty foods
• do regular physical exercise.

ASSESSMENT

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

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

Consultation
Treatment
Referral
Review Report
Other Details
Date

Name (Block Capitals)

Doctor / Sister



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

Lab Technician