

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



مركز السيل الصحي
RUSAYL HEALTH CENTRE
NIMR, FAHUD, QARYALAY, BHAJA, SAHRIWAL, MARJUL

INITIAL EXAMINATION REPORT

Place of examination Bahja		Date 10-03-19	Home Telephone number 97 36 3448		
If a dependant or fancee entr employees name jere :-					
Surname :		Forenames: Bangladesh			
Nationality Bangladesh		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	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Fiancee	
				Number of Children 2	
Reason for examination <input type="checkbox"/> Pre-employment		Job :- Rigger			
Poo medical <input checked="" type="checkbox"/> Pre-overseas		Area:- Hai'ma			
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"/>		
DO YOU HAVE OR HAVE YOU HAD :- (Tick 'yes' or 'No' column or put a (?) If uncertain exclude minor ailments.)					
		Y	N	Y	N
1. Sirius rouble					
2. Neck swellings/flands					
3. Difficulty in vision					
4. Any ear discharge					
5. Asthma/bronchitis					
6. Hayfever/other allergy					
7. Any skin trouble					
8. Tuberculosis					
9. Shortness of breath					
10. Coughed/vomited blood					
11. Severe abdominal pain					
12. Stomach ulcer					
13. Recurrent indigestion					
14. Jaundice or hepatitis					
15. Gall bladder disease					
16. Marked change in bowel habits					
17. Blood in stools (motions)					
18. Marked change in weight					
19. Varicose veins					
20. Lump in breast/armpit					
21. Cancer					
22. Heart Disease					
23. Rheumatic Fever					
24. Abnormal heartbeat					
25. High blood pressure					
26. Stroke					
27. Serious chest pain					
28. Any blood disease					
29. Kidney disease					
30. Painful passage of urine					
31. Blood in urine					
32. Diabetes					
33. Headaches /migraine					
34. Dizziness/tainting					
35. Epilepsy					
36. Joints/spinal trouble					
37. Surgical operation					
38. Serious accident /tracture					
39. Tropical disease					
40. Fear of heights					
HAVE YOU EVER BEEN:-					
41. Rejected for employment or insurance for medical reasons					
42. Awarded benifities for Industrial injury/iliness					
43. Treated for a mental condition. eg . depression					
44. Treated for problem drinking or drug abuse					
45. Exposed to toxic substance or noise					
FOR WOMEN ONLY					
Have you aver had:-					
46. An abnormal smear					
47. Any gynaecological treatment					
48. Are you pregnant?					
49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE ?					
How much tabacco each day ?		NA	Average daily alcohol consumption		
Diabetes <input checked="" type="checkbox"/>		Tuberculosis <input type="checkbox"/>	Epilepsy <input type="checkbox"/>	Asthama <input type="checkbox"/>	Eczerma <input type="checkbox"/>
Heart disease <input type="checkbox"/>		High blood pressure <input type="checkbox"/>	Stroke <input type="checkbox"/>	Cancer <input type="checkbox"/>	Blood disease <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		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	<p>Bmi: 28.2 kg/m²</p>								
		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		
161	73	119/86 mmHg									
		LABORATORY AND SPECIAL INVESTIGATIONS									
N	A	1. Urinalysis							N	A	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: avoid extra calories and fatty foods
do regular physical exercise

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

Name (Block Capitals)

Doctor / Sister

