

1229

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



مركز الرعاية الصحية
RUSAYL HEALTH CENTRE
NIMR, FAHUD, QARNALAY, BAHJA, SAHRIYAL, MARYUL

INITIAL EXAMINATION REPORT

Place of examination Bahja	Date 25.10.18	Surname Alex CHERIAN John
Forenames DOB. 28-04-1985, CN. 76214089		Address Truckman, Bahja
Home Telephone number 96228688		

If a dependant or fancee entr employees name jere :-

Surname :

Forenames:

Nationality Indian	Country of birth India	Religion Christian
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	Relationship to employee <input checked="" type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Fiancee
Reason for examination Pre medical		<input type="checkbox"/> Pre-employment <input type="checkbox"/> Pre-overseas

Job :-

Rigger

Area:-

Bahja

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 (?) If uncertain exclude minor ailments.)

	Y	N		Y	N		Y	N
1. Scurvy			22. Heart Disease			42. Awarded benifities for Industrial injury/illness		
2. Neck swellings/lands			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/fainting					
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 tobacco each day ?

NA

Average daily alcohol consumption

Social Drinker

Family history	Diabetes	<input checked="" type="checkbox"/>	Tuberculosis	<input checked="" type="checkbox"/>	Epilepsy	<input checked="" type="checkbox"/>	Asthama	<input checked="" type="checkbox"/>	Eczerna	<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"/>	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

25.10.18

Signature of applicant

Alex John

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	o Bmi - 22.64 kg/day							
r		2. E.N.T.								
r		3. Teeth & Mouth								
r		4. Lungs & Chest								
r		5. Cardiovascular System								
r		6. Abdo. Viscera								
r		7. Hermial Orifices								
r		8. Anus & Rectum								
r		9. Genito - urinary								
r		10. Extremities								
r		11. Muscula-skeletal								
r		12. Skin & Varicose Vns.								
r		13. C.N.S.								
r		14. Breasts								
		15.								
HEIGHT cm	WEIGHT kg	B.P.	HEARING	HEARING	VISION:	DISTANT	NEAR	COLOUR VISION	BLOOD GROUP	
170	77	119/73 mmHg	L R	L R	Uncorrected Corrected	R L	R L	20/1		
N	A	LABORATORY AND SPECIAL INVESTIGATIONS					N	A		
r		1. Urinalysis	o dyslipidemia - Total Cholesterol 243 mg/dl.						6. Audiogram	
r		2. Hb Bloodcount ESR							7. Lung Function	
r		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.)

o Bmi : Healthy wt.

o Ach.

- o Regular physical exercise
- o Avoid extra calories and fatty foods.

ASSESSMENT

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

Date 28-10-18

Signature

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

Doctor / Sister

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor / Sister