

# 1229

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



الرجالية العمالية سالم  
RUSAYL HEALTH CENTRE  
NIMR, FARUD, QARNALAY, B-MAJA, SAHRIWAL, MARYUL

## INITIAL EXAMINATION REPORT

Place of examination	Date	1 / 1 25.10.18	Home Telephone number	96228688
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If a dependant or fiancee entr employees name here :-

Surname:

Forenames:

	Nationality	Indian	Country of birth	India	Religion	Christian
<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Single	<input type="checkbox"/> Widow(er)	<input checked="" type="checkbox"/> Wife	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter	<input type="checkbox"/> Fiancee
<input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Divorced Separated				Number of Children

Reason for examination	Pre-employment	Job :-	Rigger
PDO medical	Pre-overseas	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. Sirius trouble		✓	22. Heart Disease		✓	42. Awarded benefits 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/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 tobacco each day? NA - Average daily alcohol consuption Social drinker

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

PHYSICAL EXAMINATION

• B.M.I - 22.64 kg / day

HEIGHT cm	WEIGHT kg	B.P. mm Hg	HEARING L	HEARING R	VISION: Uncorrected	DISTANT R L	NEAR R L	COLOUR VISION	BLOOD GROUP
170	71	129/123	0	0		0	0	0	
LABORATORY AND SPECIAL INVESTIGATIONS									
✓	1. Urimalysis	• dyslipidemia				6. Audiogram			
✓	2. Hb Bloodcount ESR	- Total Cholesterol - 248 mg/dl.				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.)

• B.M.I : Healthy wt.

• Ad.

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

ASSESSMENT

FIT ALL AREAS

FIT HOME SERVICES ONLY

UNFIT/UNSUITABLE

MAY BE REASSESSED

Date 28-10-18

Signature

*Mohd R.*



Doctor / Sister

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor / Sister