

# 1806

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



الرعاية الصحية  
RUSAYL HEALTH CENTRE  
NMR, FAHUD, QARVALAV, BHAJA, SAHIRWAL, MARWAL

## INITIAL EXAMINATION REPORT

Place of examination <i>Bahja</i>	Date <i>12-03-19</i>	Home Telephone number <i>96957496</i>
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If a dependant or fiancee entr employees name jere :-

Surname:		Forenames:	
		<i>Bangladesh</i>	
		Country of birth <i>Bangladesh</i>	
		Religion <i>Islam</i>	
<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Single <input type="checkbox"/> Widow(er) <input type="checkbox"/> Female <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Fiancee	
Reason for examination <i>PDO medical</i>		Job :- <i>Rigger</i>	
		Area:- <i>Ha'ima</i>	

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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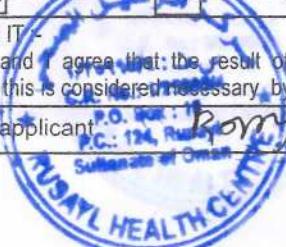
DO YOU HAVE OR HAVE YOU HAD :- (Tick 'yes' or 'No' column or put a (?) It uncerlain exclude minor ailmenis.)

	Y	N		Y	N		Y	N
1. Sirius rouble			22. Heart Disease			42. Awarded benifities for Industrial injury/lilness		
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 ?	<i>N/A</i>	Average daily alcohol consupption	<i>N/A</i>		
Family history	<input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Heart disease	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> High blood pressure	<input checked="" type="checkbox"/> Epilepsy <input checked="" type="checkbox"/> Stroke	<input checked="" type="checkbox"/> Asthama <input checked="" type="checkbox"/> Cancer	<input checked="" type="checkbox"/> Eczerna <input checked="" type="checkbox"/> Blood disease

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 <i>12-03-19</i>	Signature of applicant <i>Romjan</i>
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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											
		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				
165	65	116/68	W	W	Corrected	W	W	N					
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.)**

• Done; Healthy wt.

## ASSESSMENT

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

Date 13-03-19 Signature

DR. MOHAMMAD MARUF FERDOUS  
Name (Block Capitals)  
**MEDICAL OFFICER**  
**RUSAJ HEALTH CENTRE**  
**MOH LIC NO. 12930**

Doctor / Sister

## REVIEW/CONSULTATION

Date

**Signature**

Name (Block Capitals)

### Domestic/Sister

