

10351


PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



INITIAL EXAMINATION REPORT

Surname SALIM ABDUL RAHMAN AL BALUSHI																																																																																																																																					
Forenames AZZAN																																																																																																																																					
Address TRUKOMAN																																																																																																																																					
Place of examination RS PAC CLINIC BAHJA	Date 03/07/19 DOB: 01/01/1987, CIVIL-20586607, STAFF-1035																																																																																																																																				
Home Telephone number 98813434																																																																																																																																					
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<input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Widow(er) <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced Separated	Relationship to employee <input checked="" type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Fiancee																																																																																																																																				
Reason for examination <input checked="" type="checkbox"/> Pre-employment <input type="checkbox"/> Pre-overseas	Job :- FOREMAN / DRIVER (LIGHT) Area:- BAHJA																																																																																																																																				
Name and address of family doctor	List your last 3 jobs																																																																																																																																				
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Are you Registered Disabled Person? (UK) <input type="checkbox"/>	Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>																																																																																																																																				
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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 03-07-19	Signature of applicant																																																																																																																																				

FOR COMPLETION BY EXAMINING DOCTOR OR SISTER
FURTHER DETAILS OF MEDICAL HISTORY AND RECREATIONAL ACTIVITIES

N - Normal A - Abnormal Please Describe		PHYSICAL EXAMINATION
✓	1. Eyes & Pupils	<p>BMI-31.9 kg/m² HR-68b/min</p> 
✓	2. E.N.T.	
✓	3. Teeth & Mouth	
✓	4. Lungs & Chest	
✓	5. Cardiovascular System	
✓	6. Abdo. Viscera	
✓	7. Hermlal 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
170	92.2	107/60							

N A		LABORATORY AND SPECIAL INVESTIGATIONS	N A
✓	1. Urinalysis	<p>TC-233 mg/dl HDL-37.28 mg/dl LDL-139.96 mg/dl</p>	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

BMI-31.9 kg/m²
Smile-Cell-Negative

OTHER FINDINGS (physique, scars, disabilities, mental stability etc.)

Adv:

- Regular exercise
- Weight reduction
- Avoid high fat diet
- Repeat RLP after 3 months

ASSESSMENT

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

Date 03-07-19

Signature

DR. HASAN MUHAMMAD KHAN DAYZID
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 15691

Doctor / Sister

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor / Sister