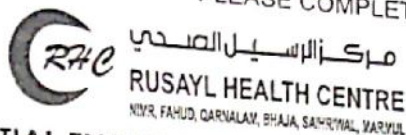


1843

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



RUSAYL HEALTH CENTRE
NIVR, FAHUD, QARNALAY, BHAJA, SAMRAT, YARVUL

INITIAL EXAMINATION REPORT

Place of examination **RS PAC CLINIC BAHJA** Date **17/06/19** Surname **CHAND**
Forenames **KULDEEP** Address **TRUCKOMAN**
DOB: **10/05/1974, CML-118127469, STAFF-1843**
Home Telephone number **95247862**

If a dependant or fancee entr employees name jere :-

Surname : _____ Forenames: _____
Nationality **INDIAN** Country of birth **INDIA** Religion **HINDUISM**
☒ Male ☒ Single ☐ Widow(er) Relationship to employee
☐ Female ☒ Married ☐ Divorced ☐ Separated ☒ Wife ☒ 1 Son ☒ 2 Daughter ☐ Fiancee Number of Children **3**

Reason for examination ☒ Pre-employment Job :- **DRIVER (HEAVY)**
☐ 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 rouble		☒	22. Heart Disease		☒	42. Awarded benifities for Industrial injury/illness		☒
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 aver 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/armipit		☒	HAVE YOU EVER BEEN:-		☒			
21. Cancer		☒	41. Rejected for employment or insurance for medical reasons		☒			

How much tabacco each day ? **Non-smoker** Average daily alcohol consuption **NO**
Diabetes ☒ Tuberculosis ☒ Epilepsy ☒ Asthama ☒ Eczerna ☒
Family history Heart disease ☒ High blood pressure ☒ Stroke ☒ Cancer ☒ 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 **17-06-19** Signature of applicant **9824 52**

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		BMC - 30.0 kg/m² HR - 60 b/min 							
✓		1. Eyes & Pupils								
✓		2. E.N.T.								
✓		3. Teeth & Mouth								
✓		4. Lungs & Chest								
✓		5. Cardiovascular System								
✓		6. Abdo. Viscera								
✓		7. Hemial 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	
163	79.8	129/82	L (A)	R (A)		(A) (A)	(A) (A)			
N	A	LABORATORY AND SPECIAL INVESTIGATIONS				N	A			
✓		1. Urinalysis							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.)

BMC - 30.0 kg/m²
Sickle cell - Negative

Advise

- Regular exercise
- Weight reduction

- TMT is done on 25-06-19 & found negative for ischaemia
- Referral for UHT to exclude any pathology. However, he is fit to work on per cent of report.

ASSESSMENT

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

Date 07-07-19

Signature

DR. HASAN MAHBUB KHAN BAYZID
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 15691

Doctor / Sister

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor / Sister