

#1615

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



رجال سالم الطبي
RUSAYL HEALTH CENTRE
NIR, FAHUD, QARNALAM, BHAJA, SAHRIWAL, MARWAL

INITIAL EXAMINATION REPORT

Place of examination **Bhaja** Date **18-03-19**

Surname Regie Bravo Gascon	
Forenames DOB. 24-08-86, CN - 107901534	
Address Truck Oman, Haima	
Home Telephone number 94140478	

If a dependant or fiancee entr employees name here :-

Surname:

Forenames:

		Nationality philipino	Country of birth philippine	Religion christian
<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Single	<input type="checkbox"/> Widow(er)	Relationship to employee	
<input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Divorced Separated	<input checked="" type="checkbox"/> Wife	<input checked="" type="checkbox"/> Son
			<input type="checkbox"/> Daughter	<input type="checkbox"/> Fiancee
			Number of Children 2	

Reason for examination **Pre-employment** Job: **mechanic**
Pre-medical Area: **Haima**

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/flands		✓	23. Rheumatic Fever		✓	43. Treated for a mental condition. e.g. 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?

N/A

Average daily alcohol consuption

Family history	<input checked="" type="checkbox"/> Diabetes	<input checked="" type="checkbox"/> Tuberculosis	<input checked="" type="checkbox"/> Epilepsy	<input checked="" type="checkbox"/> Asthma	<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 18	<input checked="" type="checkbox"/> Blood disease

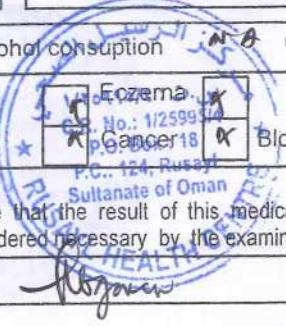
PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT :-

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

18-03-19

Signature of applicant



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

LABORATORY INVESTIGATION

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	61	122/90	0	0		0	0	0		
N A			LABORATORY AND SPECIAL INVESTIGATIONS				N	A		
1. Urimalysis			• Dyslipidemia (mild)						6. Audiogram	
2. Hb Bloodcount ESR			• T. cholesterol = 235 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.)

• Bone: healthy wt.

• Do regular physical exercise
• Avoid extra calories and fatty foods

ASSESSMENT

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

Date 21-03-19 Signature 

DR. MOHAMMAD MARUF FERDOUS
Name (Block Capitals)
RUSAYL HEALTH CENTRE
MOH LIC NO. 12934

Doctor / Sister

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor / Sister

