

#1615

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



مركز الرعاية الصحية
RUSAYL HEALTH CENTRE
NIMR, FAHUD, QARNALAY, BHAJA, SAHRIWAL, MARWUL

INITIAL EXAMINATION REPORT

Surname Regie Bravo Gascon																																																																																																																																		
Forenames DOB. 24-06-86, CN - 107901534																																																																																																																																		
Address Truck-Oman, Haima																																																																																																																																		
Place of examination Bahja	Date 18-03-19																																																																																																																																	
Home Telephone number 94140478																																																																																																																																		
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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 checked="" type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Fiancee																																																																																																																																	
Reason for examination ppo medical	Pre-employment Job :- mechanic Pre-overseas Area :- Haima																																																																																																																																	
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"/>																																																																																																																																	
DO YOU HAVE OR HAVE YOU HAD :- (Tick 'yes' or 'No' column or put a (?) If uncertain exclude minor ailments.)																																																																																																																																		
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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 Regie Bravo Gascon																																																																																																																																	

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		<p>Bme: 22.4 kg/m²</p>										
		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.	HEARING	HEARING	VISION:	DISTANT	NEAR	COLOUR VISION	BLOOD GROUP				
165	61	122/29 mmHg	L	L	Uncorrected	R	R						
			R	R	Corrected								
N	A	LABORATORY AND SPECIAL INVESTIGATIONS								N	A		
		1. Urinalysis	<p>Dyslipidaemia (mild) T. cholesterol 235 mg/dl.</p>										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.)

Bme: Healthy wt.

2ch
• 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

Doctor / Sister

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor / Sister

