

1857

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



رجال سالم الطبي
RUSAYL HEALTH CENTRE
NIMR, FAHUD, QARNALAM, BHAJA, SAHRIVAL, MARFUL

INITIAL EXAMINATION REPORT

Place of examination **RS PAC CLINIC, BHAJA** Date **03/09/19**

Surname **SVASUBRAMANTAN**
Forenames **RAHUL**
Address **TRUKOMAN (STAFF-1857)**
DOB: **02/01/1993**, CIVL **119193859**
Home Telephone number **79407470**

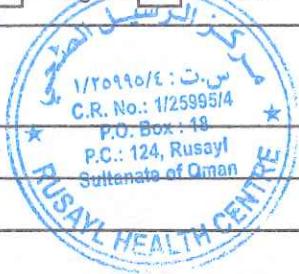
If a dependant or fiancee entr employees name jere :-

Surname :

Forenames:

		Nationality INDIAN	Country of birth INDIA	Religion HINDUISM	Number of Children
<input checked="" type="checkbox"/> Male	<input checked="" type="checkbox"/> Single	<input checked="" type="checkbox"/> Widow(er)	<input type="checkbox"/> Wife	<input checked="" type="checkbox"/> Son	<input checked="" type="checkbox"/> Daughter
<input checked="" type="checkbox"/> Female	<input checked="" type="checkbox"/> Married	<input checked="" type="checkbox"/> Divorced Separated	<input checked="" type="checkbox"/> Fiancee		

Reason for examination Pre-employment Job :- **HSE ADVISOR**
 Pre-overseas Area:- **BHAJA**



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 (?) It underlain exclude minor ailmenis.)

Y	N	Y	N	Y
1. Sirius rouble	✓	22. Heart Disease	✓	42. Awarded benifites 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 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/armpit	✓	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**

Family history	Diabetes <input checked="" type="checkbox"/>	Tuberculosis <input checked="" type="checkbox"/>	Epilepsy <input checked="" type="checkbox"/>	Asthama <input checked="" type="checkbox"/>	Eczerna <input checked="" type="checkbox"/>
	Heart disease <input checked="" type="checkbox"/>	High blood pressure <input checked="" type="checkbox"/>		Stroke <input checked="" type="checkbox"/>	Cancer <input checked="" type="checkbox"/>

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 **03-09-19**Signature of applicant **Rahul**

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.

BMT - 22.6 kg/m²
HR - 62b/min

1



HEIGHT cm	WEIGHT kg	B.P.	HEARING L R	HEARING L R	VISION: Uncorrected Corrected	DISTANT R L (N) (N)	NEAR R L (N) (N)	COLOUR VISION (A)	BLOOD GROUP
165.3	61.8	110/76							

N	A	LABORATORY AND SPECIAL INVESTIGATIONS	N	A
✓	1. Urimalysis			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.)

BMT - 22.6 kg/m²
Stickle cell - Negative

ASSESSMENT

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

Date 03-09-19

Signature

DR. HASAN MAHBUB KHAN BAYZID
Name (Block Capitals)
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 15691

Doctor / Sister

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor / Sister