

# 1858

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



ریسیل ہلٹ سینٹر  
RUSAYL HEALTH CENTRE  
NIVR, FAHID, QARNALAY, BHAJA, SAHRIWAL, YARWUL

## INITIAL EXAMINATION REPORT

Place of examination

Date 29/08/19

RS PAC CLINIC, BAHJA

Surname

Forenames ZUBAIR UL HASSAN

Address TRUCKDRIVER (STAFF-1858)

DOB: 25/03/1989, ENCL-11743523

Home Telephone number 91 61 3761

If a dependant or fiancee entr employees name jere :-

Surname :

Forenames:

Nationality PAKISTAN

Country of birth PAKISTAN

Religion ISLAM

<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Single	<input checked="" type="checkbox"/> Widow(er)	<input checked="" type="checkbox"/> Wife	<input type="checkbox"/> Son	<input checked="" type="checkbox"/> Daughter	<input checked="" type="checkbox"/> Fiancee	Number of Children 2
<input checked="" type="checkbox"/> Female	<input checked="" type="checkbox"/> Married	<input checked="" type="checkbox"/> Divorced Separated					

Reason for examination  Pre-employment

Job :- DRIVER

 Pre-overseas

Area:- BAHJA

Name and address of family doctor

List your last 3 jobs

(1)

1990/91/92/93/94

C.P. No.: 123456789

P.O. Box: 18

P.O. 124, Rassayl

Sukkur, Sindh, Pakistan

(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 unclain exclude minor ailmenis.)

	Y	N		Y	N		Y	N
1. Sirius trouble		✓	22. Heart Disease		✓	42. Awarded benifities for Industrial injury/lilness		✓
2. Neck swellings/flands		✓	23. Rheumatic Fever		✓	43. Treated for a mental condition, eg . depression		✓
3. Difficultly 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"/>	Cancer <input checked="" type="checkbox"/>	Blood disease <input checked="" type="checkbox"/>
	Heart disease <input checked="" type="checkbox"/>	High blood pressure <input checked="" type="checkbox"/>		Stroke <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 29/08/19

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								
N	A	<p>BMI - 26.2 kg/m<sup>2</sup> HR - 75b/min</p>								
<input checked="" type="checkbox"/> 1. Eyes & Pupils <input checked="" type="checkbox"/> 2. E.N.T. <input checked="" type="checkbox"/> 3. Teeth & Mouth <input checked="" type="checkbox"/> 4. Lungs & Chest <input checked="" type="checkbox"/> 5. Cardiovascular System <input checked="" type="checkbox"/> 6. Abdo. Viscera <input checked="" type="checkbox"/> 7. Hernial Orifices <input checked="" type="checkbox"/> 8. Anus & Rectum <input checked="" type="checkbox"/> 9. Genito - urinary <input checked="" type="checkbox"/> 10. Extremities <input checked="" type="checkbox"/> 11. Muscula-skeletal <input checked="" type="checkbox"/> 12. Skin & Varicose Vns. <input checked="" type="checkbox"/> 13. C.N.S. <input checked="" type="checkbox"/> 14. Breasts 15.										
HEIGHT cm	WEIGHT kg	B.P.	HEARING L R	HEARING L R	VISION: Uncorrected Corrected	DISTANT R L	NEAR R L	COLOUR VISION	BLOOD GROUP	
166.5	72.7	116/74								
N A		LABORATORY AND SPECIAL INVESTIGATIONS					N	A		
<input checked="" type="checkbox"/> 1. Urimalysis <input checked="" type="checkbox"/> 2. Hb Bloodcount ESR <input checked="" type="checkbox"/> 3. Serum Profile <input checked="" type="checkbox"/> 4. Stool <input checked="" type="checkbox"/> 5. E.C.G.		TC - 220 mg/dl HDL - 38.1 mg/dl LDL - 142.3 mg/dl							6. Audiogram 7. Lung Function 8. Chest X-Ray 9. Drug Screen 10. CR Screen	
<p>OTHER FINDINGS (physique, scars, disabilities, mental stability etc.)</p> <p>BMI - 26.2 kg/m<sup>2</sup> Sickle cell - Negative</p> <p><u>Advt</u></p> <ul style="list-style-type: none"> <li>• Regular exercise</li> <li>• Weight reduction.</li> <li>• Avoid high fat diet</li> </ul>										
<p><b>ASSESSMENT</b></p> <p><input checked="" type="checkbox"/> FIT ALL AREAS <input type="checkbox"/> FIT HOME SERVICES ONLY <input type="checkbox"/> UNFIT/UNSUITABLE <input type="checkbox"/> MAY BE REASSESSED</p> <p>Date 29-08-19 Signature DR. HASAN WAHAB KHAN BAKER</p> <p>MEDICAL OFFICER Name (Block Capitals) RUSAYL HEALTH CENTER REG. NO. 13301</p> <p>Doctor / Sister</p>										
<p><b>REVIEW/CONSULTATION</b></p> <p>Date Signature Name (Block Capitals) Doctor / Sister</p>										