
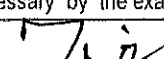



PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



INITIAL EXAMINATION REPORT

 مركز الرعاية الصحية RUSAYL HEALTH CENTRE <small>NIBR, FAHUO, QARNALAY, BHAJA, SAHRIWAL, VARSYUL</small>		Surname																																																																																																																																					
		Forenames ZUBAIR UL HASSAN																																																																																																																																					
INITIAL EXAMINATION REPORT		Address TRUCKMAN (STAFF-1858)																																																																																																																																					
Place of examination RS PAC CLINIC, BAHJA	Date 29/08/19	DOB: 25/05/1989, CIVIL/1743523																																																																																																																																					
		Home Telephone number 94613761																																																																																																																																					
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		Relationship to employee																																																																																																																																					
		<input checked="" type="checkbox"/> Wife <input checked="" type="checkbox"/> Son <input checked="" type="checkbox"/> Daughter <input checked="" type="checkbox"/> Fiancee	Number of Children 2																																																																																																																																				
Reason for examination		Job :- DRIVER																																																																																																																																					
<input checked="" type="checkbox"/> Pre-employment <input type="checkbox"/> Pre-overseas		Area:- BAHJA																																																																																																																																					
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 ailmenis.)																																																																																																																																							
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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	
✓	1. Eyes & Pupils	<p>BME - 26.2 kg/m²</p> <p>HR - 75b/min</p> 	
✓	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 L	HEARING R	VISION: Uncorrected	DISTANT R A	NEAR R A	COLOUR VISION	BLOOD GROUP
166.5	72.7	116/74							

N A		LABORATORY AND SPECIAL INVESTIGATIONS		N	A
✓	1. Urinalysis	<p>TC - 220 mg/dl</p> <p>HDL - 38.1 mg/dl</p> <p>LDL - 142.3 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

BME - 26.2 kg/m²
Sickle cell - Negative

OTHER FINDINGS (physique, scars, disabilities, mental stability etc.)

Advr

- Regular exercise
- Weight reduction.
- Avoid high fat diet

ASSESSMENT

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

Date 29-08-19

Signature

DR. HASAN MAHBUB KHAN BAYAT
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MED. LIC. NO. 15691

Doctor / Sister

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor / Sister