

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



رجال سالم الطبي
RUSAYL HEALTH CENTRE
NIMR, FAHUD, QARNALAM, BAHJA, SAHRIWAL, MARWIL

INITIAL EXAMINATION REPORT

Place of examination Date 14/09/19
RS PAC CLINIC, BAHJA

Surname AZEEZ

Forenames IMRAN

Address TRUCKMAN (STAFF-1862)

DOB 11/03/1976, CIVL-95775896

Home Telephone number 94189020

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 type="checkbox"/> Widow(er)	<input checked="" type="checkbox"/> Wife	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter	<input type="checkbox"/> Fiancee	Number of Children 4
<input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Divorced Separated					

Reason for examination Pre-employment
 Pre-overseas

Job :- DRIVER (HEAVY)

Area:- BAHJA

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 unclain exclude minor ailmenis.)

	Y	N
1. Sirius rouble	✓	
2. Neck swellings/flands	✓	
3. Difficulty in vision	✓	
4. Any ear discharge	✓	
5. Asthma/bronchitis	✓	
6. Hayfever/other allergy	✓	
7. Any skin trouble	✓	
8. Tuberculosis	✓	
9. Shortness of breath	✓	
10. Coughed/vomited blood	✓	
11. Severe abdominal pain	✓	
12. Stomach ulcer	✓	
13. Recurrent indigestion	✓	
14. Jaundice or hepatitis	✓	
15. Gall bladder disease	✓	
16. Marked change in bowel habits	✓	
17. Blood in stools (motions)	✓	
18. Marked change in weight	✓	
19. Varicose veins	✓	
20. Lump in breast/armpit	✓	
21. Cancer	✓	

	Y	N
22. Heart Disease	✓	
23. Rheumatic Fever	✓	
24. Abnormal heartbeat	✓	
25. High blood pressure	✓	
26. Stroke	✓	
27. Serious chest pain	✓	
28. Any blood disease	✓	
29. Kidney disease	✓	
30. Painful passage of urine	✓	
31. Blood in urine	✓	
32. Diabetes	✓	
33. Headaches /migraine	✓	
34. Dizziness/tainting	✓	
35. Epilepsy	✓	
36. Joints/spinal trouble	✓	
37. Surgical operation	✓	
38. Serious accident /fracture	✓	
39. Tropical disease	✓	
40. Fear of heights	✓	
HAVE YOU EVER BEEN:-		
41. Rejected for employment or insurance for medical reasons	✓	

	Y	N
42. Awarded benifities for Industrial injury/lilness		✓
43. Treated for a mental condition. eg . depression		✓
44. Treated for problem drinking or drug abuse		✓
45. Exposed to toxic substance or noise		✓
FOR WOMEN ONLY		
Have you ever had:-		
46. An abnormal smear		
47. Any gynaecological treatment		
48. Are you pregnant?		
49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE ?		

How much tabacco each day ? 1-2

Average daily alcohol consupton NO

Family history	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Asthama	<input type="checkbox"/> Eczerna
	<input type="checkbox"/> Heart disease	<input checked="" type="checkbox"/> High blood pressure	<input type="checkbox"/> Stroke	<input type="checkbox"/> Cancer	<input 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 14-09-19

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	
✓		1. Eyes & Pupils
✓		2. E.N.T.
✓		3. Teeth & Mouth
✓		4. Lungs & Chest
✓		5. Cardiovascular System
✓		6. Abdo. Viscera
✓		7. Hermial Orifices
✓		8. Anus & Rectum
✓		9. Genito - urinary
✓		10. Extremities
✓		11. Muscula-skeletal
✓		12. Skin & Varicose Vns.
✓		13. C.N.S.
✓		14. Breasts
		15.

BME-24.5kg/m²
HR-70b/min



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	67.5	128/70							

N	A	LABORATORY AND SPECIAL INVESTIGATIONS	N	A
✓		1. Urimalysis		6. Audiogram
✓		2. Hb Bloodcount ESR		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.)

BME-24.5kg/m²
Sickle cell - Negative

TC-239 mg/dl
HDL-29.3 mg/dl
LDL-174.60 mg/dl

* This gentleman needs to be evaluated by the cardiologist
for having 10 years history of 37.8V.

ASSESSMENT

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

Date 14.09.19


Signature

DR. HASAN MAHBUB KHAN BAYZID
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 15691

Doctor / Sister

REVIEW/CONSULTATION

Date 14.10.19


Signature

DR. HASAN MAHBUB KHAN BAYZID
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 15691

Doctor / Sister

* Mr. Arif was seen by the cardiologist on 30/09/19 and he underwent echocardiography and TMT, which came negative. Therefore, he has been mentioned **FIT TO WORK** for his current job.