

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



مکالمہ سیل المددی  
RUSAYL HEALTH CENTRE  
SAHARA - PAC / RS - PAC

1861

INITIAL EXAMINATION REPORT

Place of examination **RS PAC CLINIC, BAHJA** Date **19/09/19** DOB: **11/01/1962**, CIVIL. **62439026**

Home Telephone number **94451628**

If a dependant or fiancee entr employees name jere :-

Surname:

Forenames:

	Nationality <b>INDIAN</b>	Country of birth <b>INDIA</b>	Religion <b>SEKHISM</b>
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input checked="" type="checkbox"/> Widow(er)	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced Separated	<input checked="" type="checkbox"/> Wife <input type="checkbox"/> Son <input checked="" type="checkbox"/> Daughter <input type="checkbox"/> Fiancee	Number of Children <b>2</b>

Reason for examination  Pre-employment Job: **DRIVER**  
 Pre-overseas 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		Y	N		Y	N
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 type="checkbox"/>	Tuberculosis <input type="checkbox"/>	Epilepsy <input type="checkbox"/>	Asthama <input type="checkbox"/>	Eczerna <input type="checkbox"/>	Cancer <input type="checkbox"/>	Blood disease <input type="checkbox"/>
	Heart disease <input checked="" type="checkbox"/>	High blood pressure <input type="checkbox"/>		Stroke <input 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 **19-09-19**

Signature of applicant

FOR COMPLETION BY EXAMINING DOCTOR OR SISTER  
FURTHER DETAILS OF MEDICAL HISTORY AND RECREATIONAL ACTIVITIES

N - Normal A - Abnormal Please Describe	
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.

PHYSICAL EXAMINATION

BMC-28.4 kg/m<sup>2</sup>  
HR-73b/min



HEIGHT cm	WEIGHT kg	B.P.	HEARING L	HEARING R	VISION: Uncorrected	DISTANT R L	NEAR R L	COLOUR VISION	BLOOD GROUP
168.6	80.8	136/89	(A)	(A)	Corrected	(A) (A)	(A) (A)	(A)	

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.)

BMC-28.4 kg/m<sup>2</sup>

Sickle cell-Negative

A gentleman underwent TMT on 30.09.19 and was found to have negative TMT for strain induced ischaemia. Therefore, he has been mentioned FTW as advised.

ASSESSMENT

FIT ALL AREAS

FIT HOME SERVICES ONLY

UNFIT/UNSUITABLE

MAY BE REASSESSED

DR. HASAN MAHBUB KHAN BAYZID

MEDICAL OFFICER  
Name (Block Capitals)  
RUSAYL HEALTH CENTRE  
MOH LIC NO. 15691

Doctor / Sister

Date 14.10.19

Signature

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor / Sister