

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



مكتب الرعاية الصحية
RUSAYL HEALTH CENTRE
SAHARA - PAC / RS - PAC

INITIAL EXAMINATION REPORT

Surname SINGH

#1863

Forenames AMREK

Address TRUCKMAN (STAFF-1863)

Place of examination Date 28/09/19

RS PAC CLINIC BAHJA

DOB: 05/09/1973, CIVIL-79733448

Home Telephone number 91 65 9403

If a dependant or fiancee entr employees name jere :-

Surname :

Forenames:

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

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 uncerlain 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 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 28-09-19

Signature of applicant

Amrik Singh

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. Hermial 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

BME - 29.6 kg/m²
HR - 81b/min



HEIGHT cm	WEIGHT kg	B.P.	HEARING L R	HEARING L R	VISION: Uncorrected Corrected	DISTANT R L	NEAR R L	COLOUR VISION (N)	BLOOD GROUP
165.5	81	120/80							

N	A	LABORATORY AND SPECIAL INVESTIGATIONS	N	A
✓		FBS - 163 mg/dl		6. Audiogram
✓		TG - 205 mg/dl		7. Lung Function
✓		TC - 248 mg/dl		8. Chest X-Ray
		LDL - 162.0 mg/dl		9. Drug Screen
				10. CR Screen
		5. E.C.G.		

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

BME - 29.6 kg/m²

Sickle cell - Negative

- Repeat FBS on 30-09-19 - 163 mg/dl with a raised level of HbA1C (10%). Therefore, medication was prescribed along with advice regarding a change in lifestyle.
- This gentleman will need to be evaluated by the cardiologist for having a systolic blood pressure of 20.6%.

ASSESSMENT

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

Date 28-09-19

Signature

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

Doctor / Sister

REVIEW/CONSULTATION

This gentleman was seen by the cardiologist and had been mentioned **FIT TO WORK**. He was also diagnosed with type 2 DM and was commenced on ODT and has been advised to follow a diabetic diet. He was seen by the cardiologist on 03/10/19.

Date 14-10-19

Signature

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

Doctor / Sister