

6277

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



مركز الرعاية الصحية
RUSAYL HEALTH CENTRE
NIMR, FAHUD, QARNALAM, BHAJA, SAHRIWAL, WARVUL

INITIAL EXAMINATION REPORT

Surname Jasbir Singh		Forenames DOB. 25.09.82, CN. 79922986	
Address Truckman, Haima		Home Telephone number 96472583	
Place of examination Bahja	Date 18.03.19		
If a dependant or fancee entr employees name jere :-			
Surname :		Forenames:	
Nationality Indian	Country of birth India	Religion Sikh	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Widow(er) <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced Separated	Relationship to employee <input checked="" type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Fiancee		Number of Children 1
Reason for examination poor medical	<input type="checkbox"/> Pre-employment <input type="checkbox"/> Pre-overseas	Job :- mechanic Area:- Haima	
Name and address of family doctor		List your last 3 jobs	
		(1)	
		(2)	
		(3)	
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 ailments.)			
	Y	N	
1. Sirus rouble			22. Heart Disease
2. Neck swellings/flands			23. Rheumatic Fever
3. Difficulty in vision			24. Abnormal heartbeat
4. Any ear discharge			25. High blood pressure
5. Asthma/bronchitis			26. Stroke
6. Hayfever/other allergy			27. Serious chest pain
7. Any skin trouble			28. Any blood disease
8. Tuberculosis			29. Kidney disease
9. Shortness of breath			30. Painful passage of urine
10. Coughed/vomited blood			31. Blood in urine
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 /tracture
18. Marked change in weight			39. Tropical disease
19. Varicose veins			40. Fear of heights
20. Lump in breast/arnpit			HAVE YOU EVER BEEN:-
21. Cancer			41. Rejected for employment or insurance for medical reasons
42. Awarded benifities for Industrial injury/illness			
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 aver 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 ? NA		Average daily alcohol consupcion NA	
Family history		Diabetes <input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Epilepsy <input checked="" type="checkbox"/> Heart disease <input checked="" type="checkbox"/> High blood pressure <input checked="" type="checkbox"/> Asthma <input checked="" type="checkbox"/> Stroke <input checked="" type="checkbox"/> Eczerna <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/> Blood disease <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 18-03-19		Signature of applicant H Jasbir Singh	

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	<p>BMI: 30.2 kg/m²</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 L	NEAR R L	COLOUR VISION	BLOOD GROUP	
162	82	110/63 mmHg								
N	A	LABORATORY AND SPECIAL INVESTIGATIONS				N	A			
		1. Urinalysis	<p>Dyslipidaemia T. cholesterol: 244 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	

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

BMI: Obese

Adv: Avoid Extra calories and fatty foods.
Do regular physical exercise.

ASSESSMENT

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

Date 21.03.19 Signature

DR. MOHAMMAD MARUF FERDOUS
Name (Block Capitals)
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 12930

Doctor / Sister

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor / Sister

