

6337

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



مركز الرعاية الصحية
RUSAYL HEALTH CENTRE
NIMR, FAHUD, QARNALAM, BHAJA, SAHRAWAL, MARYUL

INITIAL EXAMINATION REPORT

Surname Nabi Ahmad Bajwa																																																																																																																																					
Forenames DOB - 01-01-1977. CN - 67336208																																																																																																																																					
Address Truck Oman, Bahja																																																																																																																																					
Place of examination Bahja	Date 02-10-18																																																																																																																																				
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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 ailments.)																																																																																																																																					
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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 02-10-18	Signature of applicant [Signature]																																																																																																																																				

Fitness to Work Certificate for drivers

Employee Data		Date <u>3-10-18</u>	
Name <u>Nabi Ahmad Bajwa</u>		Department/Company <u>Truckman</u>	
I.D No. <u>67336208</u>	Age <u>41</u>	Occupation <u>DRIVER</u>	
Type of Medical Evaluation		Mark those applying ✓	
A5- HVD- Crane or forklift driving & all heavy vehicles	<input type="checkbox"/>	A7- Professional driving-light vehicles	<input checked="" type="checkbox"/>
<p>Health Advisor Statement: The above named person has been examined according to the statements laid down in "Protocols and Guidance Notes on the Medical Evaluation of Fitness to Work". At this time his/her fitness to work status for the above tasks is as follows.</p>			
Fit with no restrictions		<input checked="" type="checkbox"/>	
Fit with following restriction(s)		<input type="checkbox"/>	
The employee is fit for above work but should avoid the following task(s)	Temporary restriction	Permanent restriction	<input type="checkbox"/>
Work near moving machinery or sharp edges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operate Heavy motor vehicles, forklifts or heavy machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary Unfit until		<input type="checkbox"/>	
Permanently Unfit		<input type="checkbox"/>	
DR. MOHAMMAD MARUF FERDOUS Name of health advisor MEDICAL OFFICER RUSAYL HEALTH CENTRE MOH LIC NO. 12930		Signature <u>[Signature]</u>	Date <u>3-10-18</u>

