

# 6337

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



ریاضیہ سیل المدرسی  
RUSAYL HEALTH CENTRE  
NMR, FAHUD, QARNALAM, BHAJA, SAHRIWAL, MARMUL

## INITIAL EXAMINATION REPORT

Place of examination Bajwa	Date / / 02-10-18	Forenames DOB = 01-01-1977, CN - 67336208
		Address Trunk Oman, Bajwa
		Home Telephone number 92902736

If a dependent or fiancee entr employees name jere :-

Surname :		Forenames:	
Nationality Pakistani		Country of birth Pakistan	Religion Islam
<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	<input checked="" type="checkbox"/> Wife <input checked="" type="checkbox"/> Son <input checked="" type="checkbox"/> Daughter <input type="checkbox"/> Fiancee	Number of Children 3
Reason for examination PDO medical		Job :- DRIVER	Area:- Bajwa, Haima,
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 benifities 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 ?

NA

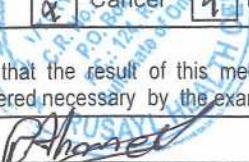
Average daily alcohol consuption

NA

Family history	Diabetes <input checked="" type="checkbox"/>	Tuberculosis <input checked="" type="checkbox"/>	Epilepsy <input checked="" type="checkbox"/>	Asthama <input checked="" type="checkbox"/>	Eczema <input checked="" type="checkbox"/>
	Heart disease <input checked="" type="checkbox"/>	High blood pressure <input checked="" type="checkbox"/>		Stroke <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 02-10-18 Signature of applicant 

## Fitness to Work Certificate for drivers

Employee Data		Date 3-10-18	
Name Nabi Ahmad Bajwa		Department/Company Truck Oman	
I.D No. 67336208	Age 41	Occupation DRIVER	
Type of Medical Evaluation		Mark those applying ✓	
A5- HVD- Crane or forklift driving & all heavy vehicles		✓ A7- Professional driving-light vehicles	
<p><b>Health Advisor Statement:</b> 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		✓	
Fit with following restriction(s)		-	
The employee is fit for above work but should avoid the following task(s)		Temporary restriction	Permanent restriction
Work near moving machinery or sharp edges		-	-
Operate Heavy motor vehicles, forklifts or heavy machinery		-	-
Other (Specify)		-	-
<p><b>Temporary Unfit until</b></p>			
<p><b>Permanently Unfit</b></p>			
<b>DR. MOHAMMAD MARUF FERDOUS</b> Name of health advisor <b>MEDICAL OFFICER</b> <b>RUSAYL HEALTH CENTRE</b> MOH LIC NO. 12930		Signature	Date 3-10-18

