

#6338

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



ریاضیہ سیل سینٹر
RUSAYL HEALTH CENTRE
NIMR, FAHUD, QARNALAH, BHAJA, SAIHRIWAL, MARMUL

INITIAL EXAMINATION REPORT

Place of examination <i>Bahja</i>	Date / / <i>28.10.18</i>	Home Telephone number <i>92828840</i>
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If a dependant or fiancee entr employees name jere :-

Surname :		Forenames:	
Nationality <i>pakistani</i>		Country of birth <i>pakistan</i>	
Relationship to employee		Religion <i>Islam</i>	
<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Single	<input type="checkbox"/> Widow(er)	Number of Children <i>5</i>
<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
Reason for examination <i>pre medical</i>		Job :- <i>DRIVER</i>	
		Area:- <i>Bahja</i>	
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 trouble		✓	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 ever 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 ? <i>NA</i>	Average daily alcohol consuption <i>NA</i>
Family history	Diabetes <input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Epilepsy <input checked="" type="checkbox"/> Asthma <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 - 10 - 18* Signature of applicant *TAHAN*

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								
		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.								
HEIGHT cm	WEIGHT kg	B.P. mmHg	HEARING L	HEARING R	VISION: Uncorrected	DISTANT R L	NEAR R L	COLOUR VISION	BLOOD GROUP	
170	98	140/80 mmHg	L	R	Corrected			Q		
			LABORATORY AND SPECIAL INVESTIGATIONS				N	A		
		1. Urimalysis							6. Audiogram	
		2. Hb Bloodcount ESR							7. Lung Function	
		3. Sarum 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.)										
<p>• B.M.I : over weight</p> <p>• Adv : Do regular physical exercise • Avoid extra calories and fatty foods, • visit your physician for diabetes management.</p>										

ASSESSMENT

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

Date 08/10/18 Signature

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

Doctor / Sister

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor / Sister