6437

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

RHC مركز الرسيل الصحي
RUSAYL HEALTH CENTRE
NIZR, FAHUD, QARNALAW, BHAJA, SAHRIWAL, WARMUL

INITIAL EXAMINATION REPORT

Surname: Shinil kayapayil sreenivasan

Forenames: DOB-31-05-78 , CN-T1692334

Address: Truck - Oman, Bahja, Haima,

Place of examination: Bahja Date: 5-3-19

Home Telephone number: 98727563

If a dependant or fancee entr employees name jere :-

Surname : Forenames:

Naticnality: Indian Country of birth: India Religion: Hindu

Male ☑ Female ☐ Single ☐ Married ☑ Widow(er) ☐ Divorced Separated ☐

Relationship to employee: Wife ☑ Son ☐ Daughter ☑ Fiancee ☐

Number of Children: 1

Reason for examination: Pre-employment ☐ Pre-overseas ☐ PDO medical

Job :- Mechanical

Area:- 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
1. Sirius rouble		✓
2. Neck swellings/flands		-
3. Difficulty in vision		
4. Any ear discharge		-
5. Asthma/bronchitis		-
6. Hayfever/other allergy		-
7. Any skin trouble		-
8. Tuberculosis		-
9. Shortness of breath		-
10. Coughed/vomited blood		
11. Severe abdominal pain		
12. Stomach ulcer		-
13. Recurrent indigestion		-
14. Jaundice or hepatitis		
15. Gall bladder disease		-
16. Marked change in bowel habits		-
17. Blood in stools (motions)		-
18. Marked change in weight		-
19. Varicose veins		-
20. Lump in breast/armpit		/
21. Cancer		-

	Y	N
22. Heart Disease		-
23. Rheumatic Fever		-
24. Abnormal heartbeat		-
25. High blood pressure		
26. Stroke		-
27. Serious chest pain		-
28. Any blood disease		-
29. Kidney disease		-
30. Painful passage of urine		-
31. Blood in urine		-
32. Diabetes		-
33. Headaches /migraine		-
34. Dizziness/tainting		-
35. Epilepsy		-
36. Joints/spinal trouble		-
37. Surgical operation		-
38. Serious accident /fracture		-
39. Tropical disease		-
40. Fear of heights		-
HAVE YOU EVER BEEN:- 41. Rejected for employment or insurance for medical reasons		-

	Y	N
42. Awarded benifities for Industrial injury/lilness		-
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 consuption NA

Family history: Diabetes ☐ Tuberculosis ☐ Epilepsy ☐ Asthama ☐ Eczerna ☐ Heart disease ☐ High blood pressure ☐ Stroke ☐ Cancer ☐ Blood disease ☐

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: 5-3-19 Signature of applicant

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	• Bmi : 24.7 kg/m²
✓		2. E.N.T.	
✓		3. Teeth & Mouth	
✓		4. Lungs & Chest	
✓		5. Cardiovascular System	
		6. Abdo. Viscera	
✓		7. Hermial Orifices	
✓		8. Anus & Recturn	
✓		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	HEARING	VISION:	DISTANT R L	NEAR R L	COLOUR VISION	BLOOD GROUP
164	69	130/80 mmHg	L N	L N	Uncorrected	N	N	N	
			R N	R N	Corrected				

N	A		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.)

• Bmi : Healthy weight

ASSESSMENT

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

Date 6-3-19 Signature [signature] Name (Block Capitals) DR. MOHAMMAD MARUF FERDOUS MEDICAL OFFICER RUSAYL HEALTH CENTRE MOH LIC NO. 12930 Doctor / Sister

REVIEW/CONSULTATION

Date Signature Name (Block Capitals) Doctor / Sister