

#6513

2 YEARS.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

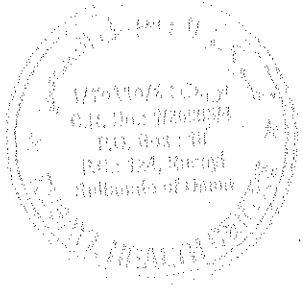


مركز الرعاية الصحية
RUSAYL HEALTH CENTRE
NIMR, FAHUD, QARNALAY, BHAJA, SAHRAWAL, MARVUL

INITIAL EXAMINATION REPORT

Surname SENCH																																																																																																																																																																				
Forenames SURINDER																																																																																																																																																																				
Address TRUCKOMAN																																																																																																																																																																				
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Reason for examination <input checked="" type="checkbox"/> Pre-employment <input type="checkbox"/> Pre-overseas	Job :- DRIVER Area:- BAHJA																																																																																																																																																																			
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"/>																																																																																																																																																																				
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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 30/07/19	Signature of applicant Surinder 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>BME - 31.1 kg/m² HR - 60 bpm</p> 
✓		2. E.N.T.	
✓		3. Teeth & Mouth	
✓		4. Lungs & Chest	
✓		5. Cardiovascular System	
✓		6. Abdo. Viscera	
✓		7. External Orifices	
✓		8. Anus & Rectum	
✓		9. Genito - urinary	
✓		10. Extremities	
✓		11. Musculo-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
167.8	87.7	127/91	L	R					
					Corrected				

N		A		LABORATORY AND SPECIAL INVESTIGATIONS		N		A	
✓				1. Urinalysis	<p>TC - 227 mg/dl HDL - 38.9 mg/dl LDL - 148.5 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	

BME - 31.1 kg/m²

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

Advice

- Regular exercise
- Weight reduction
- Avoid high fat diet

ASSESSMENT

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

Date 30.07.19

Signature

DR. HASAN MAHBUB KHAN BAYZID
Name (Block Capitals)
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 15691

Doctor / Sister

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor / Sister