

6623

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



مركز الرعاية الصحية  
RUSAYL HEALTH CENTRE  
NMR, FAHUD, QARNALAY, BHAJA, SAIRIWAL, YARJUL

## INITIAL EXAMINATION REPORT

Place of examination **RS PAC CLINIC BAHJA** Date **26/06/19** DOB: **06/05/1964**, CIVIL- **77194868**, STAFF- **6623**  
Home Telephone number **97288407**

If a dependant or fiancee entr employees name jere :-

Surname :

Forenames:

		Nationality <b>INDIAN</b>	Country of birth <b>INDIA</b>	Religion <b>HINDUISM</b>	
<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Single	<input checked="" type="checkbox"/> Widow(er)	<input checked="" type="checkbox"/> Wife	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter
<input checked="" type="checkbox"/> Female	<input checked="" type="checkbox"/> Married	<input checked="" type="checkbox"/> Divorced Separated	<input type="checkbox"/> Fiancee		Number of Children <b>1</b>

Reason for examination  Pre-employment Job :- **DRIVER (ARAVY)**  
 Pre-overseas Area:- **BAHJA**



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 underlain exclude minor ailmenis.)

	Y	N		Y	N		Y	N
1. Sirius trouble		<input checked="" type="checkbox"/>	22. Heart Disease		<input checked="" type="checkbox"/>	42. Awarded benifities for Industrial injury/lilness		
2. Neck swellings/flands		<input checked="" type="checkbox"/>	23. Rheumatic Fever		<input checked="" type="checkbox"/>	43. Treated for a mental condition. eg . depression		
3. Difficulty in vision		<input checked="" type="checkbox"/>	24. Abnormal heartbeat		<input checked="" type="checkbox"/>	44. Treated for problem drinking or drug abuse		
4. Any ear discharge		<input checked="" type="checkbox"/>	25. High blood pressure		<input checked="" type="checkbox"/>	45. Exposed to toxic substance or noise		
5. Asthma/bronchitis		<input checked="" type="checkbox"/>	26. Stroke		<input checked="" type="checkbox"/>	FOR WOMEN ONLY		
6. Hayfever/other allergy		<input checked="" type="checkbox"/>	27. Serious chest pain		<input checked="" type="checkbox"/>	Have you ever had:-		
7. Any skin trouble		<input checked="" type="checkbox"/>	28. Any blood disease		<input checked="" type="checkbox"/>	46. An abnormal smear		
8. Tuberculosis		<input checked="" type="checkbox"/>	29. Kidney disease		<input checked="" type="checkbox"/>	47. Any gynaecological treatment		
9. Shortness of breath		<input checked="" type="checkbox"/>	30. Painful passage of urine		<input checked="" type="checkbox"/>	48. Are you pregnant?		
10. Coughed/vomited blood		<input checked="" type="checkbox"/>	31. Blood in urine		<input checked="" type="checkbox"/>	49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE ?		
11. Severe abdominal pain		<input checked="" type="checkbox"/>	32. Diabetes		<input checked="" type="checkbox"/>			
12. Stomach ulcer		<input checked="" type="checkbox"/>	33. Headaches /migraine		<input checked="" type="checkbox"/>			
13. Recurrent indigestion		<input checked="" type="checkbox"/>	34. Dizziness/tainting		<input checked="" type="checkbox"/>			
14. Jaundice or hepatitis		<input checked="" type="checkbox"/>	35. Epilepsy		<input checked="" type="checkbox"/>			
15. Gall bladder disease		<input checked="" type="checkbox"/>	36. Joints/spinal trouble		<input checked="" type="checkbox"/>			
16. Marked change in bowel habits		<input checked="" type="checkbox"/>	37. Surgical operation		<input checked="" type="checkbox"/>			
17. Blood in stools (motions)		<input checked="" type="checkbox"/>	38. Serious accident /fracture		<input checked="" type="checkbox"/>			
18. Marked change in weight		<input checked="" type="checkbox"/>	39. Tropical disease		<input checked="" type="checkbox"/>			
19. Varicose veins		<input checked="" type="checkbox"/>	40. Fear of heights		<input checked="" type="checkbox"/>			
20. Lump in breast/armpit		<input checked="" type="checkbox"/>	HAVE YOU EVER BEEN:-					
21. Cancer		<input checked="" type="checkbox"/>	41. Rejected for employment or insurance for medical reasons		<input checked="" type="checkbox"/>			

How much tabacco each day ?		Non-smoker		Average daily alcohol consuption		N6	
Family history	Diabetes	<input checked="" type="checkbox"/>	Tuberculosis	<input checked="" type="checkbox"/>	Epilepsy	<input checked="" type="checkbox"/>	Asthama
	Heart disease	<input checked="" type="checkbox"/>	High blood pressure	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Eczerna
						<input checked="" type="checkbox"/>	Cancer
						<input checked="" type="checkbox"/>	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 **28/06/19**

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
✓	2. E.N.T.
✓	3. Teeth & Mouth
✓	4. Lungs & Chest
✓	5. Cardiovascular System
✓	6. Abdo. Viscera
✓	7. Hernial Orifices
✓	8. Anus & Rectum
✓	9. Genito - urinary
✓	10. Extremities
✓	11. Muscula-skeletal
✓	12. Skin & Varicose Vns.
✓	13. C.N.S.
✓	14. Breasts
	15.

BMI-23.4kg/m<sup>2</sup>  
HR-80b/min



HEIGHT cm	WEIGHT kg	B.P.	HEARING L R	HEARING L R	VISION: Uncorrected Corrected	DISTANT R   L	NEAR R   L	COLOUR VISION	BLOOD GROUP
161	60.6	164/100				R   N	N   A		

N	A	LABORATORY AND SPECIAL INVESTIGATIONS	N	A
✓	1. Urinalysis	TC-267mg/dl		6. Audiogram
✓	2. Hb Bloodcount ESR	HDL-352mg/dl		7. Lung Function
✓	3. Serum Profile	LDL-142.37mg/dl		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-23.4kg/m<sup>2</sup>

Adv

- Regular exercise
- Avoid high fat diet
- Repeat PEP after 3 months.

ASSESSMENT

• He was found to have 10 year CTR of 28.5%.  
Therefore, he was referred to cardiologist on 29/06/19  
consequently, TMT was done and found negative  
for ischaemia. Hence, he is mentioned fit by the  
cardiologist.

FIT ALL AREAS

FIT HOME SERVICES ONLY

UNFIT/UNSUITABLE

MAY BE REASSESSED

Date 10.07.19

  
Signature

DR. HASAN MAHBUB KHAN BAYZID  
MEDICAL OFFICER  
RUSAYL HEALTH CENTRE  
MOH LIC NO. 15891

Doctor / Sister

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor / Sister