



# مركز الرسيل الصحي RUSAYL HEALTH CENTRE

ISO 9001 - 2015 Certified Co.

INITIAL EXAMINATION REPORT (MEDICAL - CONFIDENTIAL) No. A 4161



## RUSAYL HEALTH CENTRE

ISO 9001 - 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL  
DETAILS IN BLOCK CAPITALS

Surname <b>Shinn Paramel</b>	
Forenames <b>Bharathan</b>	
Address <b>Tuzig</b>	
Home telephone number <b>72 099 528</b>	
Forenames <b>37g / ID - 77639477</b>	
Birth date <b>31/05/1985</b>	Nationality: <b>Tuzian</b>
Country of birth: <b>Tuzig</b>	Religion:
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated / Divorced
Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	
Number of children:	

Place of examination **Sahara** Date **07/07/2022**

If a dependant enter employee's name here:

Surname:

Birth date **31/05/1985** Nationality: **Tuzian**

Country of birth: **Tuzig** Religion:

☒ Male ☐ Female ☒ Married ☐ Single ☐ Separated / Divorced

Reason for examination Pre-Employment ☒ Job: **Crane operator**

Pre-Overseas ☐ Area: **Truckman / niny**

Name and address of family doctor

List your last 3 jobs

(1)

(2)

Are you a Registered Disabled Person? (UK only) ☐

Do you belong to any Medical Insurance Scheme? ☐

DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)

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

How much tobacco each day? **—**

Average daily alcohol consumption **—**

Have you ever taken elicited drugs? ( ) PDO test all new/potential employees for elicited/recreational drugs

FAMILY HISTORY: Diabetes ( ) Tuberculosis ( ) Epilepsy ( ) Asthma ( ) Eczema ( )

Heart disease ( ) High blood pressure ( ) Stroke ( ) Blood Disease ( ) Cancer ( )

PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:-

I declared these statements to be true to the best of my knowledge and belief and I agree that the result of this medical examination 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. I am also aware that PDO reserve the right to dismiss me if it was found that I have purposely withheld important medical information.

Date: **07/07/2022** Signature of Applicant: **[Signature]**



FOR COMPLETION BY EXAMINING DOCTOR OR NURSE  
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	NA
		7. Hernial Orifices	
		8. Anus & Rectum	
		9. Genito-urinary	
		10. Extremities	
		11. Musculo-skeletal	
		12. Skin & Varicose Vns.	
		13. C.N.S.	
HEIGHT cm	WEIGHT kg	BMI	B.P.
169	76	26	125/77
			PULSE
			82/min.
			HEARING
			L Normal
			R Normal
			Uncorrected
			Corrected
			VISION
			DISTANT
			R L
			6/6
			NEAR
			R L
			6/6
			Colour Vision
			Normal
			Blood Group
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	
		1. Urinalysis	
		2. Hb, Bloodcount, ESR	
		3. LFT, RFT, RBS	
		4. Drug Screen	
		5. Lipids (40 years +)	
		6. Sickle Cell test	
		7. Audiogram	
		8. Lung Function	
		9. Chest X-Ray	
		10. ECG	
		11. CVS risk for 40 yrs. & above	
		12. HIV, Hepatitis screening	

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

NA

ASSESSMENT:

☒ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT

DR. SANATH BUDDHIKA PRIYADARSHAN  
GENERAL PRACTITIONER  
RUSAYL HEALTH CENTRE  
MOBILE NO. 15842

Date: 07/07/2022 Name (Block Capitals): Dr. / Nurse

Signature:

REVIEW/CONSULTATION

Date: Name (Block Capitals): Dr. / Nurse

Signature: