

8097

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



مکالمہ سے ملکی
RUSAYL HEALTH CENTRE
NIMR, FAHUD, QARNALAM, BHAJA, SAHRIWAL, KARML

INITIAL EXAMINATION REPORT

Place of examination

Date

Bhajja

12-03-19

Surname		Soman sharma Rabin德拉 Sharma
Forenames		DOB - 1-2-86, CN - 87546829
Address		True Komar, Haima
Home Telephone number		94001581

If a dependant or fiancee entr employees name jere :-

Surname :

Forenames:

Bangladesh

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

Reason for examination	Pre-employment	Job :-	Helper
<input type="checkbox"/> PDO medical	<input type="checkbox"/> Pre-overseas	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 underlain exclude minor ailments.)

	Y	N		Y	N		Y	N
1. Sirius rouble		✓	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 ?

N/A

Average daily alcohol consuption

N/A

Family history	Diabetes <input checked="" type="checkbox"/>	Tuberculosis <input type="checkbox"/>	Epilepsy <input checked="" type="checkbox"/>	Asthama <input checked="" type="checkbox"/>	Eczema <input checked="" type="checkbox"/>	Blood disease <input type="checkbox"/>
	Heart disease <input checked="" type="checkbox"/>	High blood pressure <input checked="" type="checkbox"/>		Stroke <input checked="" type="checkbox"/>	Cancer <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

12-03-19

Signature of applicant



FOR COMPLETION BY EXAMINING DOCTOR OR SISTER
FURTHER DETAILS OF MEDICAL HISTORY AND RECREATIONAL ACTIVITIES

LABORATORY INVESTIGATION

N - Normal A - Abnormal Please Describe		PHYSICAL EXAMINATION								
N	A									
C	1. Eyes & Pupils									
R	2. E.N.T.									
C	3. Teeth & Mouth									
R	4. Lungs & Chest									
C	5. Cardiovascular System									
R	6. Abdo. Viscera									
I	7. Hernial Orifices									
C	8. Anus & Rectum									
R	9. Genito - urinary									
R	10. Extremities									
C	11. Muscula-skeletal									
R	12. Skin & Varicose Vns.									
C	13. C.N.S.									
R	14. Breasts									
15.										
HEIGHT cm	WEIGHT kg	B.P. mm Hg	HEARING L	HEARING R	VISION: Uncorrected	DISTANT R L	NEAR R L	COLOUR VISION	BLOOD GROUP	
160	73	120/80 mm Hg	L	R	Corrected	+	+	W		
N A		LABORATORY AND SPECIAL INVESTIGATIONS					N	A		
C	1. Urimalysis								6. Audiogram	
C	2. Hb Bloodcount ESR								7. Lung Function	
R	3. Sarum Profile								8. Chest X-Ray	
C	4. Stool								9. Drug Screen	
C	5. E.C.G.								10. CR Screen	

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

• B.M.I: Overweight

• Adv:

- Avoid extra calories and fatty foods.
- Do regular physical exercise.

ASSESSMENT

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

Date 13-03-19

Signature

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

Doctor / Sister

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

