

# 1284


PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



## INITIAL EXAMINATION REPORT

Surname <b>SAHED SIDDEEQI</b>																																																																																																																																																																							
Forenames <b>SHEEKH</b>																																																																																																																																																																							
Address <b>TRUCKOMAN (STAFF-1284)</b>																																																																																																																																																																							
Place of examination <b>RS PAC CLINIC, BAHJA</b>	Date <b>05/09/19</b>																																																																																																																																																																						
DOB: <b>15/02/1967</b> CML <b>73165762</b>																																																																																																																																																																							
Home Telephone number <b>95448632</b>																																																																																																																																																																							
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Reason for examination <input checked="" type="checkbox"/> Pre-employment <input type="checkbox"/> Pre-overseas	Number of Children <b>3</b>																																																																																																																																																																						
Job :- <b>DRIVER (HEAVY)</b>	Area:- <b>BAHJA</b>																																																																																																																																																																						
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"/>																																																																																																																																																																						
DO YOU HAVE OR HAVE YOU HAD :- (Tick 'yes' or 'No' column or put a (?) If uncertain exclude minor ailmenis.)																																																																																																																																																																							
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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 <b>05.09.19</b>	Signature of applicant <b>Shahid</b>																																																																																																																																																																						

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		BME-27.8 kg/m <sup>2</sup> HR-79 bpm																																	
✓		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																																		
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N	A		LABORATORY AND SPECIAL INVESTIGATIONS																																	
✓		1. Urinalysis	TC-249 mg/dl																																	
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	✓	3. Serum Profile	LDL-186.6 mg/dl																																	
		4. Stool																																		
✓		5. E.C.G.																																		
			6. Audiogram																																	
			7. Lung Function																																	
			8. Chest X-Ray																																	
			9. Drug Screen																																	
			10. CR Screen																																	

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

BME-27.8 kg/m<sup>2</sup>

Adm.

- Regular exercise
- Weight reduction.
- Avoid high fat diet
- Repeat FLP after 3 months

ASSESSMENT

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

Date 05-09-19

Signature

DR. HASAN MAHBUB KHAN BAYZID  
MEDICAL OFFICER  
RUSAYL HEALTH CENTRE  
MOH LIC NO. 15691

Doctor / Sister

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor / Sister