

#1294

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

مركز الرسيل الصحي  
RUSAYL HEALTH CENTRE  
NIMR, FAHUD, QARNALAM, BHAJA, SAHRIWAL, MARJUL

## INITIAL EXAMINATION REPORT

Place of examination	Date	28 / 04 / 19
RS PAC CLINIC BHAJA		Step 1 - 799 57216
	Home Telephone number	97122559

If a dependant or fancee entr employees name jere :-

Surname :

Forenames:

Nationality	INDIAN	Country of birth	INDIA	Religion	CHRISTIAN
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<input checked="" type="checkbox"/> Male	<input checked="" type="checkbox"/> Single	<input checked="" type="checkbox"/> Widow(er)	Relationship to employee	Number of Children
<input checked="" type="checkbox"/> Female	<input checked="" type="checkbox"/> Married	<input checked="" type="checkbox"/> Divorced Separated		

☒ Wife ☒ Son ☒ Daughter ☒ Fiancee

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Reason for examination ☒ Pre-employment  
☐ Pre-overseas

Job :- DRIVER  
Area:- BHAJA



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 (?) If uncertain exclude minor ailments.)

	Y	N		Y	N		Y	N
1. Sirius rouble		<input checked="" type="checkbox"/>	22. Heart Disease		<input checked="" type="checkbox"/>	42. Awarded benifities for Industrial injury/liilness		<input checked="" type="checkbox"/>
2. Neck swellings/flands		<input checked="" type="checkbox"/>	23. Rheumatic Fever		<input checked="" type="checkbox"/>	43. Treated for a mental condition. eg . depression		<input checked="" type="checkbox"/>
3. Difficulty in vision		<input checked="" type="checkbox"/>	24. Abnormal heartbeat		<input checked="" type="checkbox"/>	44. Treated for problem drinking or drug abuse		<input checked="" type="checkbox"/>
4. Any ear discharge		<input checked="" type="checkbox"/>	25. High blood pressure		<input checked="" type="checkbox"/>	45. Exposed to toxic substance or noise		<input checked="" type="checkbox"/>
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 aver 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 /tracture		<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:-		<input checked="" type="checkbox"/>			
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 consupption

Family history	Diabetes <input checked="" type="checkbox"/>	Tuberculosis <input checked="" type="checkbox"/>	Epilepsy <input checked="" type="checkbox"/>	Asthama <input checked="" type="checkbox"/>	Eczerna <input checked="" 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"/>	Blood disease <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 28-04-19

Signature of applicant

Paul



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

N - Normal A - Abnormal Please Describe		PHYSICAL EXAMINATION										
✓		1. Eyes & Pupils	BME - 27.0 kg/m <sup>2</sup> HR - 86 b/min 									
✓		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.										
HEIGHT cm	WEIGHT kg	B.P.	HEARING L	HEARING R	VISION: Uncorrected	DISTANT R L	NEAR R L	COLOUR VISION	BLOOD GROUP			
177	84.5	157/86	L (A)	R (A)		(A) (A)	(A) (A)					
			LABORATORY AND SPECIAL INVESTIGATIONS									
N	A											
✓		1. Urinalysis	PBS - 138 mg/dl Urine Sugar (+) TG - 225 mg/dl LDL - 136.54 mg/dl									
✓		2. Hb Bloodcount ESR										
✓		3. Serum Profile										
✓		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 - 27.0 kg/m<sup>2</sup>

This person needs TMT to be done by the cardiologist.

Adv

- Repeat PBS to endocardium
- Regular exercise
- Weight reduction
- Take plenty of fruits & vegetables

ASSESSMENT

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

Date 29.04.19

Signature

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

Doctor / Sister

REVIEW/CONSULTATION

On 03.07.19, when TMT was found to be positive. Consequently, coronary angiogram was advised, which was done on 20.08.19 in India (LRSR Hospital) and the report of coronary angiogram came normal. Therefore he was mentioned **FIT TO WORK**. (Ch Angiogram & TMT reports are attached)

Signature

Name (Block Capitals)

Date

03.07.19

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

