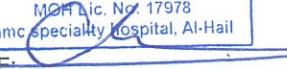


FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

| 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 | | | | | |
| ✓ | | 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 | BM I | B.P. | PULSE | HEARING | VISION | Colour Vision |
| 170 | 72 | 24.9 | 150 100 | 88 mins. | L R | DISTANT R L R L Uncorrected Corrected | ✓ |
| N | A | LABORATORY AND OTHER SPECIAL INVESTIGATIONS | | | N | A | |
| ✓ | | 1. Urinalysis | mild ↑ in cholesterol for follow up. | | | ✓ | 7. Audiogram |
| ✓ | | 2. Hb, Blood count, ESR | | | | ✓ | 8. Lung Function |
| ✓ | | 3. LFT, RFT, RBS | | | | ✓ | 9. Chest X-Ray |
| ✓ | | 4. Drug Screen | | | | ✓ | 10. ECG |
| ✓ | | 5. Lipids (40 years +) | | | | ✓ | 11. CVS risk for 40 yrs. & above |
| ✓ | | 6. Sickie Cell test | | | | ✓ | 12. HIV, Hepatitis screening |
| OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.) | | | | | | | |
| ASSESSMENT: | | | | | | | |
| <input checked="" type="checkbox"/> FIT ALL AREAS <input type="checkbox"/> FIT WITH SPECIFIC RESTRICTION <input type="checkbox"/> TEMPORARY UNFIT <input type="checkbox"/> AWAITING SPECIALIST ASSESSMENT | | | | | | | |
| REVIEW/CONSULTATION | | | | | | | |
| DATE: 28/ 8/2021 | | | | DOCTOR NAME: Dr. Christine | | SIGNATURE:  | |



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General Practitioner
MOH Lic. No: 17978
nmc specialty hospital, Al-Hail