

1308

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



الصحيحة
RUSAYL HEALTH CENTRE
NMR, FAHUD, QARNALAY, BHAJA, SAHRIWAL, MARMUL

INITIAL EXAMINATION REPORT

Place of examination <i>Bahja</i>	Date <i>7-03-19</i>	Forenames <i>Ghulam Haider</i>
		DOB. 12.10.77, CN. 79145769
		Address <i>Truck, Oman, Haider</i>
		Home Telephone number <i>98281959</i>

If a dependant or fiancee entr employees name here :-

Surname:		Forenames:	
Nationality <i>Pakistani</i>		Country of birth <i>Pakistan</i>	
Male <input checked="" type="checkbox"/> Single <input type="checkbox"/> Widow(er) <input type="checkbox"/>		Relationship to employee <i>Wife</i> <input checked="" type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Fiancee	
Female <input type="checkbox"/> Married <input checked="" type="checkbox"/> Divorced Separated <input type="checkbox"/>		Number of Children <i>3</i>	

Reason for examination <i>PDG medical</i>	Pre-employment <input type="checkbox"/>	Job:- <i>Helper</i>
	Pre-overseas <input type="checkbox"/>	Area:- <i>Hai'ra</i>

Name and address of family doctor	List your last 3 jobs
	(1)
	(2)
	(3)

Are you Registered Disabled Person? (UK) <input type="checkbox"/>	Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>
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DO YOU HAVE OR HAVE YOU HAD :- (Tick "yes" or "No" column or put a (?) It uncertain exclude minor ailmenis.)

	Y	N		Y	N		Y	N
1. Sirius rouble		✓	22. Heart Disease		✓	42. Awarded benifities for Industrial injury/lillness		✓
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 ?	<i>NA</i>	Average daily alcohol consuption	<i>NA</i>				
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"/>	Cancer <input checked="" type="checkbox"/>	Blood disease <input checked="" type="checkbox"/>
	Heart disease <input checked="" type="checkbox"/>	High blood pressure <input checked="" type="checkbox"/>		Stroke <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	<i>7-3-19</i>	Signature of applicant	<i>Mohd</i>
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FOR COMPLETION BY EXAMINING DOCTOR OR SISTER
FURTHER DETAILS OF MEDICAL HISTORY AND RECREATIONAL ACTIVITIES

- 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. Muscula-skeletal
	12. Skin & Varicose Vns.
	13. C.N.S.
	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
174	94	115/60	○	○		○	○	○	

N	A	LABORATORY AND SPECIAL INVESTIGATIONS	N	A
	1. Urimalysis	• dyslipidemia (mild)		6. Audiogram
	2. Hb Bloodcount ESR	T. chol. 226 mg/dl		7. Lung Function
	3. Serum Profile			8. Chest X-Ray
	4. Stool			9. Drug Screen
	5. E.C.G.			10. CR Screen

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

• BMI : obese

• ~~Adv~~
• Avoid extra Calories and fatty foods
• do regular physical exercise

ASSESSMENT

FIT ALL AREAS

FIT HOME SERVICES ONLY

UNFIT/UNSUITABLE

MAY BE REASSESSED

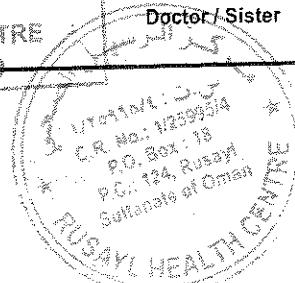
DR. MOHAMMAD MARUF FERDOUS

MEDICAL OFFICER
Name (Block Capitals)
RUSAYL HEALTH CENTRE
MOP. LSC. NO. 12520

Doctor / Sister

Date 9-3-12

Signature



REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor / Sister