

1310

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



مركز الرعاية الصحية
RUSAYL HEALTH CENTRE
MUR, FAHUD, QARNALAV, BHAJA, SAHRIYAL, MARVUL

INITIAL EXAMINATION REPORT

Surname	FARID KHAN
Forenames	MUHAMMAD NAWAZ
Address	TRUCKMAN
Place of examination	Date 09 / 04 / 19
RS PAC CLINIC BAHJA	DOB: 01/01/1960, CIVIL-79164636, STAFF-1310
	Home Telephone number 98282409

If a dependant or fancee entr employees name jere :-

Surname :

Forenames:

Nationality		PAKISTANI	Country of birth	PAKISTAN	Religion	ISLAM
<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	<input checked="" type="checkbox"/> Wife	5 Son	1 Daughter	<input checked="" type="checkbox"/> Fiancee
Reason for examination		<input checked="" type="checkbox"/> Pre-employment	Job :- DRIVER (HEAVY)			
		<input type="checkbox"/> Pre-overseas	Area:- BAHJA			

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/illness		<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 ever 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 consupition

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 09-04-19

Signature of applicant

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	<p>BME - 30.5 kg/m² HR - 77b/min</p> 						
✓		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	95.7	155/91							
			LABORATORY AND SPECIAL INVESTIGATIONS						
✓		1. Urinalysis	<p>TC - 244 mg/dl HDL - 37.95 mg/dl LDL - 143.56 mg/dl</p>						
✓		2. Hb Bloodcount ESR							
	✓	3. Sarum 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.)

ASSESSMENT

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

Date 09-04-19

Signature

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

Doctor / Sister

REVIEW/CONSULTATION

Date 16-06-19

Signature

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

Doctor / Sister

* TMT was done on 29/04/2019 by the cardiologist & found to have negative for ischemia
* 10 years Wrinkle of 26.7%

Adv:
* Regular exercise
* Weight reduction
* Take plenty of fruits & vegetables of whole

* Super report from the cardiologist, he is fit to work as a driver.
* He is fit to work in the PDO area up to 31.12.2019, as per to PDO rule, age above 60 years is not allowed to work as advisor in the PDO area.