

1349

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



مركز الصحى  
RUSAYL HEALTH CENTRE  
SAHARA - PAC / RS - PAC

## INITIAL EXAMINATION REPORT

Place of examination <i>Bahja</i>		Date <i>11-11-18</i>		Surname <i>Lingampalli Ramesh Nadipati, 44 yrs.</i>		Forenames <i>DOB-18.06.1974, CN-86498809</i>		Address <i>Truckman, Haina, Bahja</i>		Home Telephone number <i>98197368</i>																																																																																																																																																																																																							
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Nationality <i>Indian</i>				Country of birth <i>India</i>				Religion <i>Hindu</i>																																																																																																																																																																																																									
<input checked="" type="checkbox"/> Male		<input type="checkbox"/> Single		<input type="checkbox"/> Widow(er)		Relationship to employee				Number of Children <i>2</i>																																																																																																																																																																																																							
<input type="checkbox"/> Female		<input checked="" type="checkbox"/> Married		<input type="checkbox"/> Divorced <input type="checkbox"/> Separated		<input checked="" type="checkbox"/> Wife		<input checked="" type="checkbox"/> Son		<input type="checkbox"/> Daughter <input type="checkbox"/> Fiancee																																																																																																																																																																																																							
Reason for examination <i>Poo medical.</i>				<input type="checkbox"/> Pre-employment		Job :- <i>Operator (Forklift).</i>		<input type="checkbox"/> Pre-overseas		Area:- <i>Bahja</i>																																																																																																																																																																																																							
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 ailments.)																																																																																																																																																																																																																	
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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>11-11-18</i>				Signature of applicant <i>L. Ramesh</i>																																																																																																																																																																																																													

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		<p>BMI: 25.31 kg/m<sup>2</sup></p>							
		1. Eyes & Pupils								
		2. E.N.T.								
		3. Teeth & Mouth								
		4. Lungs & Chest								
		5. Cardiovascular System								
		6. Abdo. Viscera								
		7. Hemial 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	HEARING	VISION:	DISTANT	NEAR	COLOUR	BLOOD	
160 cm	81 kg	138/88 mmHg	L	L	Uncorrected	R	R	VISION	GROUP	
			R	R	Corrected	L	L			
N	A	LABORATORY AND SPECIAL INVESTIGATIONS				N	A			
		1. Urinalysis	<p>Dyslipidemia</p>						6. Audiogram	
		2. Hb Bloodcount ESR							7. Lung Function	
		3. Sarum 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: Over weight

Adv:

- Avoid extra calories and fatty foods
- Do regular physical exercise

ASSESSMENT

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

Date 11.11.18

Signature

DR. MOHAMMAD MARUF FERDOUS  
MEDICAL OFFICER  
RUSAYL HEALTH CENTRE  
MOH LIC NO. 12028

Doctor / Sister

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor / Sister

