1362

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

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

INITIAL EXAMINATION REPORT

Surname	Dalvir Singh Sukhwinder Singh
Forenames	DOB - 1-1-75, PN - T2388832
Address	Truck-Oman, Haima, Bahja
Home Telephone number	96781101

Place of examination: Bahja Date: 10.03.09

If a dependant or fancee entr employees name jere :-

Surname : Forenames:

Naticnality: Indian Country of birth: India Religion: Sckh

☑ Male	☐ Single	☐ Widow(er)	Relationship to employee: ☑ Wife ☑ Son ☐ Daughter ☐ Fiancee	Number of Children: 2
☐ Female	☑ Married	☐ Divorced Separated		

Reason for examination: ☐ Pre-employment ☐ Pre-overseas — PDO medical

Job :- DRIVER

Area:- Haima

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 (?) It uncerlain exclude minor ailmenis.)

	Y	N
1. Sirius rouble		✓
2. Neck swellings/flands		✓
3. Difficulty in vision		✓
4. Any ear discharge		✓
5. Asthma/bronchitis		✓
6. Hayfever/other allergy		✓
7. Any skin trouble		✓
8. Tuberculosis		✓
9. Shortness of breath		✓
10. Coughed/vomited blood		✓
11. Severe abdominal pain		✓
12. Stomach ulcer		✓
13. Recurrent indigestion		✓
14. Jaundice or hepatitis		✓
15. Gall bladder disease		✓
16. Marked change in bowel habits		✓
17. Blood in stools (motions)		✓
18. Marked change in weight		✓
19. Varicose veins		✓
20. Lump in breast/armpit		✓
21. Cancer		✓

	Y	N
22. Heart Disease		✓
23. Rheumatic Fever		✓
24. Abnormal heartbeat		✓
25. High blood pressure	✓	
26. Stroke		✓
27. Serious chest pain		✓
28. Any blood disease		✓
29. Kidney disease		✓
30. Painful passage of urine		✓
31. Blood in urine		✓
32. Diabetes	✓	
33. Headaches /migraine		✓
34. Dizziness/tainting		✓
35. Epilepsy		✓
36. Joints/spinal trouble		✓
37. Surgical operation		✓
38. Serious accident /tracture		✓
39. Tropical disease		✓
40. Fear of heights		✓
HAVE YOU EVER BEEN:- 41. Rejected for employment or insurance for medical reasons		✓

	Y	N
42. Awarded benifities for Industrial injury/lilness		✓
43. Treated for a mental condition. eg . depression		✓
44. Treated for problem drinking or drug abuse		✓
45. Exposed to toxic substance or noise		✓
FOR WOMEN ONLY Have you aver had:-		
46. An abnormal smear		
47. Any gynaecological treatment		
48. Are you pregnant?		
49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE ?		

How much tabacco each day ? N A Average daily alcohol consuption N A

Family history: Diabetes ✗ Tuberculosis ✗ Epilepsy ✗ Asthama ✗ Eczerna ✗ Heart disease ✗ High blood pressure ✗ Stroke ✗ Cancer ✗ Blood disease ✗

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 10-03-09. Signature of applicant

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

N	A	N - Normal A - Abnormal Please Describe
✓		1. Eyes & Pupils
✓		2. E.N.T.
✓		3. Teeth & Mouth
✓		4. Lungs & Chest
✓		5. Cardiovascular System
✓		6. Abdo. Viscera
		7. Hermial Orifices
✓		8. Anus & Recturn
✓		9. Genito - urinary
✓		10. Extremities
✓		11. Muscula-skeletal
✓		12. Skin & Varicose Vns.
✓		13. C.N.S.
✓		14. Breasts
		15.

PHYSICAL EXAMINATION

- Bmi : 28 Kg/m²

HEIGHT cm	WEIGHT kg	B.P.	HEARING	HEARING	VISION:	DISTANT R	DISTANT L	NEAR R	NEAR L	COLOUR VISION	BLOOD GROUP
170	81	140/90 mmHg	L	L	Uncorrected					✓	
			R	R	Corrected						

N	A	LABORATORY AND SPECIAL INVESTIGATIONS
✓		1. Urimalysis
✓		2. Hb Bloodcount ESR
	✓	3. Sarum Profile
		4. Stool
		5. E.C.G.

- DM : FBS - 130 mg/dl.
- HTN

N	A	
		6. Audiogram
		7. Lung Function
		8. Chest X-Ray
		9. Drug Screen
		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.
- Regular visit your Doctor for DM and HTN Follow up.

ASSESSMENT

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

(with medication) OR.

Date 11-03-19 Signature

DR. MOHAMMAD MARUF FERDOUS
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 12030

Name (Block Capitals) Doctor / Sister

REVIEW/CONSULTATION

Date Signature

Name (Block Capitals) Doctor / Sister