

418

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



محل العلاج والتأهيل
RUSAYL HEALTH CENTRE
NOVR, FAHUD, QARNALAM, BHAJA, SAMRIWAL, MARMUL

INITIAL EXAMINATION REPORT

Place of examination Date 24/01/18
R S PAC BAHJA CLINIC

Surname KAYANAPARAMBIL RAGHAVAN (54 yrs)

Forenames

Address TRUCKOMAN

Home Telephone number

If a dependant or fiancee entr employees name here :-

Surname:

Forenames:

		Nationality INDIAN	Country of birth INDIA	Religion HINDU
<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Single	<input type="checkbox"/> Widow(er)	Relationship to employee	
<input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Divorced Separated	<input type="checkbox"/> Wife	<input type="checkbox"/> Son
Reason for examination ROUTINE C.U.		Pre-employment Pre-overseas	Job :- SUPERVISOR , SN - 418 Area:- TRUCKOMAN, 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 (?) It unclain exclude minor ailmenis.)

	Y	N		Y	N		Y	N
1. Sirius rouble		✓	22. Heart Disease		✓	42. Awarded benifities for Industrial injury/lilness		✓
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 ?		
severe abdominal pain	✓		32. Diabetes		✓			
11. Stomach ulcer	✓		33. Headaches /migraine		✓			
12. Recurrent indigestion	✓		34. Dizziness/tainting		✓			
13. Jaundice or hepatitis	✓		35. Epilepsy		✓			
14. Gall bladder disease	✓		36. Joints/spinal trouble		✓			
15. Marked change in bowel habits	✓		37. Surgical operation		✓			
16. Blood in stools (motions)	✓		38. Serious accident /fracture		✓			
17. Marked change in weight	✓		39. Tropical disease		✓			
18. Varicose veins	✓		40. Fear of heights		✓			
19. Lump in breast/armpit	✓		HAVE YOU EVER BEEN:-					
20. Cancer	✓		41. Rejected for employment or insurance for medical reasons	✓				

How much tabacco each day ?

NON SMOKER

Average daily alcohol consuption

Family history	Diabetes	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Asthama	<input type="checkbox"/>	Eczema	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Blood disease	<input type="checkbox"/>
HTN	Heart disease	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Stroke	<input type="checkbox"/>		<input 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 24-01-2018

Signature of applicant

Siva

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

KAYANA PARAMBIL

RAGHAVAN (54 yrs)

N - Normal A - Abnormal Please Describe

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

PHYSICAL EXAMINATION

lost teeth - 2

HEIGHT cm	WEIGHT kg	B.P. mm of Hg	HEARING L N	HEARING R N	VISION: Uncorrected	DISTANT R L 6 6	NEAR R L 6 6	COLOUR VISION N	BLOOD GROUP
163 cm	66.5 kg	140/80 mm of Hg	L N	R N	Corrected				

BMI = 25.02 Kg/m²

N	A	LABORATORY AND SPECIAL INVESTIGATIONS	N	A
✓	1. Urinalysis			6. Audiogram
✓	2. Hb Bloodcount ESR			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.)

- Known HTN on R.
- (+)ve Family H/o HTN
- Lost teeth - 2
- Mild overweight [BMI = 25.02 Kg/m²]
- Framingham risk score is 14.6 %.
- No other physical or lab abnormality found

ASSESSMENT

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

Drip

DR. MOHAMMAD HARUN AR RASHID

Date 25-01-2018

Signature

Name (Block Capitals)

✓ Doctor / Sister

REVIEW/CONSULTATION

MEDICAL OFFICER
ROSAYL HEALTH CENTRE
MOH LIC NO. 555

Date

Signature

Name (Block Capitals)

✓ Doctor / Sister

