

418

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



مركز الرعاية الصحية
RUSAYL HEALTH CENTRE
NIMR, FAHUD, QARNALAM, BHAJA, SAHRAWAL, MARWUL

INITIAL EXAMINATION REPORT

Surname KATANAPARAMBIL		Forenames RAGHAVAN (S4 YTM)																																																																																																																																		
Address TRUCKOMAN		Home Telephone number																																																																																																																																		
Place of examination R S PAC BHAJA CLINIC	Date 24/01/18																																																																																																																																			
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Naticnality INDIAN	Country of birth INDIA	Religion HINDU																																																																																																																																		
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Widow(er) <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced Separated	Relationship to employee <input type="checkbox"/> 1 Wife <input type="checkbox"/> Son <input checked="" type="checkbox"/> 2 Daughter <input type="checkbox"/> Fiancee		Number of Children 2																																																																																																																																	
Reason for examination <input type="checkbox"/> Pre-employment ROUTINE CV.	Job :- SUPERVISOR, SN-418	Area:- TRUCKOMAN, BHAJA																																																																																																																																		
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 24-01-2018	Signature of applicant SIVDA																																																																																																																																			

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		PHYSICAL EXAMINATION							
N	A	1. Eyes & Pupils	lost teeth - 2						
✓		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 163 cm	WEIGHT kg 66.5 kg BMI = 25.02 kg/m ²	B.P. 140/80 mmHg	HEARING L N R N	HEARING L R	VISION: Uncorrected Corrected	DISTANT R L 6 6	NEAR R L 6 6	COLOUR VISION N	BLOOD GROUP
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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 Rx.
- (+) 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

Date 25-01-2018

Signature

DR. MOHAMMAD HARUN AR RASHID

Name (Block Capitals)

Doctor / Sister

REVIEW/CONSULTATION

MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 555

Date

Signature

Name (Block Capitals)

Doctor / Sister

