

#1372

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



بیمارستان ریسال
RUSAYL HEALTH CENTRE
NMR, FAHUD, QARVALAM, BHAJA, SAHRAWAL, MARWAL

INITIAL EXAMINATION REPORT

Place of examination	Date	04/09/19	DOB	14/09/1981, CMVL 72261426
RS PACCLINIC BAHJA		Home Telephone number 94246484		

If a dependant or fiancee entr employees name jere :-

Surname : Forenames:

	Nationality	INDIAN	Country of birth	INDIA	Religion	SEKHSIM
<input checked="" type="checkbox"/> Male	<input checked="" type="checkbox"/> Single	<input checked="" type="checkbox"/> Widow(er)	<input checked="" type="checkbox"/> Wife	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter	<input checked="" type="checkbox"/> Fiancee
<input checked="" type="checkbox"/> Female	<input checked="" type="checkbox"/> Married	<input checked="" type="checkbox"/> Divorced				Number of Children 2
Separated						

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)	<input type="checkbox"/>	Do you belong to any Medical Insurance Scheme?	<input type="checkbox"/>
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DO YOU HAVE OR HAVE YOU HAD :- (Tick 'yes' or 'No' column or put a (?) If uncertain exclude minor ailmenis.)

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

How much tabacco each day ?	Non-smoker	Average daily alcohol consuption	No				
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"/>	Cancer <input checked="" type="checkbox"/>	Blood disease <input checked="" type="checkbox"/>
	Heart disease <input type="checkbox"/>	High blood pressure <input checked="" type="checkbox"/>		Stroke <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 04-09-19 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									
N	A	B.M.F - 29.1 Kg/m ² H.R - 77b/min									
✓		1. Eyes & Pupils									
✓		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		
165	79.1	134/94	(N)	(N)	Corrected	(N) (A)	(N) (A)	(N)			
N	A	LABORATORY AND SPECIAL INVESTIGATIONS							N	A	
✓		1. Urimalysis									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



B.M.F - 29.1 Kg/m²

OTHER FINDINGS (physique, scars, disabilities, mental stability etc.)

Adv.

- Regular exercise
- Weight reduction.
- Take plenty of fruits & vegetables
- Avoid high fat Diet

ASSESSMENT

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

Date 04-09-10

Signature

DR. HASAN MAHBUB KHAN BAYZID

MEDICAL OFFICER

RUSAYL HEALTH CENTRE

MOH LIC NO. 15691

Doctor / Sister

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor / Sister