PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

مركز الرسيل الصحي
RHC RUSAYL HEALTH CENTRE
NIMR, FAHUD, GARNALAM, BHAJA, SAHRIWAL, MARYUL

INITIAL EXAMINATION REPORT

Surname	MENON
Forenames	VINEETH CHANDRA GUPTHAN
Address	TRUCK OMAN. NIMR
Place of examination NIMR Date 02/02/19	SIN: 1475
	Home Telephone number 96544845

If a dependant or fancee entr employees name jere :- CIN: 97982924 Age: 30 years

Surname : Forenames:

Naticnality	Country of birth	Religion
INDIAN	INDIA	HINDU

				Relationship to employee					Number of Children
✓ Male	☐ Single	☐ Widow(er)		1 Wife	X Son	1 Daughter	X Fiancee		01
☐ Female	✓ Married	☐ Divorced Separated							

Reason for examination ☐ Pre-employment ROUTINE ☐ Pre-overseas

Job :- HSE ADVISOR

Area:- NIMR

Name and address of family doctor	List your last 3 jobs
	(1) HSE ADVISOR
	(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 ? X Average daily alcohol consuption X

Family history

Diabetes	X	Tuberculosis	☐	Epilepsy	X	Asthama	X	Eczerna	X
Heart disease	X	High blood pressure	X			Stroke	X	Cancer	X
								Blood disease	X

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 02. 02. 2019 Signature of applicant Vineeth

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

VINETH CHANDRAGUPTHAN
(30 years)

N	A	N - Normal A - Abnormal Please Describe	PHYSICAL EXAMINATION
✓		1. Eyes & Pupils	Normal
✓		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	BMI - 32.0 HR. 86 bpm, Regular
		15.	

HEIGHT cm	WEIGHT kg	B.P.	HEARING	HEARING	VISION:	DISTANT R	DISTANT L	NEAR R	NEAR L	COLOUR VISION	BLOOD GROUP
162	84	122/81 mmHg	L N R	L N R	Uncorrected	6	6	6	6	N	-
					~~Corrected~~	6	6	6	6		

N	A	LABORATORY AND SPECIAL INVESTIGATIONS	N	A	
✓		1. Urimalysis	N: Normal		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.)

NAD

ASSESSMENT

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

Date 02.02.2019 Signature [signature] DR. MD MONIRUL AZIM
Name (Block Capitals) Doctor / Sister

REVIEW/CONSULTATION

DR. MD MONIRUL AZIM
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 14866

Date Signature Name (Block Capitals) Doctor / Sister