

486

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



RSAYL HEALTH CENTRE
NMR, FAHID, DAKNAM, BHAJA, SAMRIWAL, MARJUL

INITIAL EXAMINATION REPORT

Place of examination Bahja	Date 29-10-18	Surname Agbene Titotti Valappil
		Forenames DOB: 30-04-1959, CN: 61476906
Address Trunk Komar, Bahja		
		Home Telephone number 92742697

If a dependant or fiancee entr employees name jere :-

Surname :

Forenames:

	Nationality Indian	Country of birth India	Religion Islam
<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 <input type="checkbox"/> Separated	<input checked="" type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Fiancee	Number of Children 2
Reason for examination Pre medical	Pre-employment Pre-overseas	Job :- Crane operator	Area:- 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 (?) if uncertain exclude minor ailments.)

	Y	N		Y	N		Y	N
1. Sirius trouble		✓	22. Heart Disease		✓	42. Awarded benefits 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 ?

N/A

Average daily alcohol consuption

N/A

Family history	Diabetes <input checked="" type="checkbox"/>	Tuberculosis <input type="checkbox"/>	Epilepsy <input type="checkbox"/>	Asthama <input type="checkbox"/>	Eczema <input type="checkbox"/>
	Heart disease <input type="checkbox"/>	High blood pressure <input checked="" type="checkbox"/>		Stroke <input type="checkbox"/>	Cancer <input type="checkbox"/>
					Blond disease <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
25-10-18

Signature of applicant

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

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

• $BMI = 24.5 \text{ kg/m}^2$

HEIGHT cm	WEIGHT kg	B.P. mmHg	HEARING L	HEARING R	VISION: Uncorrected	DISTANT R L	NEAR R L	COLOUR VISION	BLOOD GROUP
165	61	128/80	0	0		0	0	0	
LABORATORY AND SPECIAL INVESTIGATIONS									
1. Urinalysis 2. Hb Bloodcount ESR 3. Serum Profile 4. Stool 5. E.C.G.									6. Audiogram 7. Lung Function 8. Chest X-Ray 9. Drug Screen 10. CR Screen

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

• $BMI = \text{Healthy weight}$

Advise:

- Do regular physical exercise
- Have proper diet, avoid extra calories and fatty foods
- Visit your physician for diabetes and dyslipidemia

ASSESSMENT

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

Date 28-10-18

Signature

DR. MOHAMMAD MARUF FERDOUS
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 12930

Doctor / Sister

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor / Sister