

#486

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



مركز الرعاية الصحية
RUSAYL HEALTH CENTRE
NIMR, FAHUD, QARNALAM, BAHJA, SAHRIWAL, MARVUL

INITIAL EXAMINATION REPORT

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Forenames DOB - 30-04-1959, CN - 61476906																																																																																																																																																																				
Address Truckman, Bahja																																																																																																																																																																				
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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"/>																																																																																																																																																																				
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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 [Signature]																																																																																																																																																																			

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		<p>BMI: 24.5 kg/m²</p>						
		1. Eyes & Pupils							
		2. E.N.T.							
		3. Teeth & Mouth							
		4. Lungs & Chest							
		5. Cardiovascular System							
		6. Abdo. Viscera							
		7. Hermal 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	HEARING	VISION:	DISTANT	NEAR	COLOUR VISION	BLOOD GROUP
165	81	128/80	L	L	Uncorrected	R	R		
			R	R	Corrected				
N	A	LABORATORY AND SPECIAL INVESTIGATIONS			N	A			
		1. Urinalysis	<p>BMI (4.5)</p> <p>dyslipidemia</p>					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.)

BMI: Healthy weight

Adv: 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