

15-899 05928

INITIAL EXAMINATION REPORT

AL MASSARAAT
MEDICAL CENTRE

Surname TIKH RAMULLAH

Forenames HASTHIM BINTAW.

Address TOLMAN - 1429

Place of examination Nime Date 18/27/12
RS PAC CLINIC

Home telephone number 93507191.

Date of birth: 16/12/2014

01/01/1983

Country of birth PAKISTAN

Sex: Male

Female

Nationality: PAKISTANI

Religion: ISLAM

MARITAL STATUS

Married

Single

Widow (er)

Divorced

No. of children: 2

Sons: 1

Daughters: 0

REASON FOR EXAMINATION

Pre-employment

Job:

MECHANIC

Pre-overseas

Area:

NIML

Name and address of family doctor

List your last 3 jobs

(1)

MECHANIC

(2)

(3)

Previous Medical History

Are you a Registered Disabled Person? [N]

Do you belong to any Medical Insurance Scheme? [Y]

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
Sinus trouble		✓	Marked change in bowel habits		✓	Diabetes		✓
Neck swelling/glands		✓	Blood in stools (motions)		✓	Headaches or migraines		✓
Deficiency in vision		✓	Marked change in weight		✓	Dizziness/fainting		✓
Any ear discharge		✓	Varicose veins		✓	Epilepsy		✓
Asthma/bronchitis		✓	Cancer		✓	Joints/spinal trouble		✓
Hay fever / other allergy		✓	Heart Disease		✓	Serious accident / fracture		✓
Any skin trouble		✓	Rheumatic Fever		✓	Surgical operation		✓
Tuberculosis		✓	Abnormal heartbeat		✓	Tropical disease		✓
Shortness of breath		✓	High blood pressure		✓	Fear of heights		✓
Coughed/vomited blood		✓	Stroke		✓	FOR WOMEN ONLY		✓
Severe abdominal pain		✓	Serious chest pain		✓	Are you pregnant		✓
Stomach ulcer		✓	Any blood disease		✓	Have you ever had:-		✓
Recurrent indigestion		✓	Kidney disease		✓	An abnormal smear		✓
Jaundice or hepatitis		✓	Painful passage of urine		✓	Gynaecological treatment		✓
Gall Bladder disease		✓	Blood in urine		✓	Lump in breast/armpit		✓

Have ever you been exposed to toxic substance or noise

NO

Treated for problem drinking or drug abuse

NO

Treated for a mental condition, e.g. Depression

NO

Awarded benefits for industrial injury or illness

NO

Have you ever been rejected for employment or insurance for medical reasons

NO

Have you had an illness not mentioned above

NO

How much tobacco do you consume each day N/C

Average daily alcohol consumption N/C

FAMILY HISTORY

Diabetes [N]

Tuberculosis [N]

Epilepsy [N]

Asthma [N]

Eczema [N]

Heart disease [N]

High blood pressure [N]

Stroke [N]

Cancer [N]

Blood Disease [N]

RS PAC
AL MASSARAAT MEDICAL CENTRE

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 examination in general terms may be revealed to the Company if required, and the details sent to my own doctor if the examining medical officer considers this necessary.

Date:

27/12/2012

Signature of applicant:



FOR COMPLETION BY EXAMINING DOCTOR

N = Normal A = Abnormal		PHYSICAL EXAMINATION									
N	A										
<input checked="" type="checkbox"/>	Eyes & Pupils										
<input checked="" type="checkbox"/>	E.N.T.										
<input checked="" type="checkbox"/>	Teeth & Mouth										
<input checked="" type="checkbox"/>	Lungs & Chest										
<input checked="" type="checkbox"/>	Cardiovascular System										
<input checked="" type="checkbox"/>	Abdo. Viscera										
<input checked="" type="checkbox"/>	Hernal Orifices										
<input checked="" type="checkbox"/>	Anus & Rectum										
<input checked="" type="checkbox"/>	Genito-urinary										
<input checked="" type="checkbox"/>	Extremities										
<input checked="" type="checkbox"/>	Musculo-skeletal										
<input checked="" type="checkbox"/>	Skin & Varicose Vns.										
<input checked="" type="checkbox"/>	C.N.S										
Height cm	Weight kg	BMI	B.P.	Pulse	Hearing L R	Vision Uncorrected Corrected	Distance R L	Near R L	Colour Vision	Blood Group	
163	65 kg 21.52	110 21.52	110 70	76	L R		6/6 6/6	6/6 6/6			

N	A	LABORATORY AND SPECIAL INVESTIGATIONS	N	A
<input checked="" type="checkbox"/>	Urinalysis	Normal		
<input checked="" type="checkbox"/>	Hb	14.3 = 12.9		
<input checked="" type="checkbox"/>	ESR			Lung Function
<input checked="" type="checkbox"/>	Serum Profile	RBS = 85.4		Chest X-Ray
<input checked="" type="checkbox"/>	Stool			Drug Screen
<input checked="" type="checkbox"/>	Audiogram			Others
				CR Screen

OTHER FINDINGS / ASSESSMENT

<input checked="" type="checkbox"/>	FIT ALL AREAS	<input type="checkbox"/>	FIT HOME SERVICE ONLY	<input type="checkbox"/>	UNFIT/UNSUITABLE	<input type="checkbox"/>	MAY BE REASSESSED
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Date 27.12.12 Signature

Name (Block Letters)

DR. JOHN GOMEZ
REG. NO. 1190

REVIEW/CONSULTATION

Date

Signature

Name (Block Letters)