

#1403

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



RSAYL HEALTH CENTRE
NMR, FAHAD, GARNALAY, BAHJA, SAHRIWAL, MARYUL

INITIAL EXAMINATION REPORT

Place of examination **RS PAC CLINIC, BAHJA** Date **04/09/19**
DOB: **18/03/1976**, UIN: **70268013**
Home Telephone number **97255854**

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 checked="" type="checkbox"/> Single	<input checked="" type="checkbox"/> Widow(er)	Relationship to employee	
<input checked="" type="checkbox"/> Female	<input checked="" type="checkbox"/> Married	<input checked="" type="checkbox"/> Divorced Separated	<input checked="" type="checkbox"/> Wife	<input type="checkbox"/> Son <input checked="" type="checkbox"/> Daughter <input checked="" type="checkbox"/> Fiancee
Reason for examination <input checked="" type="checkbox"/> Pre-employment		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 (?) It unclain exclude minor ailmenis.)

	Y	N		Y	N		Y	N
1. Sirius trouble		✓	22. Heart Disease		✓	42. Awarded benefits for Industrial injury/illness		✓
2. Neck swellings/flands		✓	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"/>	Asthma <input checked="" type="checkbox"/>	Eczema <input checked="" type="checkbox"/>
	Heart disease <input checked="" type="checkbox"/>	High blood pressure <input checked="" type="checkbox"/>		Stroke <input checked="" type="checkbox"/>	Cancer <input checked="" type="checkbox"/>
					Blood 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 **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	
N	A
✓	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.

PHYSICAL EXAMINATION

BMC - 27.4 kg/m²

HR - 66 bpm



HEIGHT cm	WEIGHT kg	B.P.	HEARING L	HEARING R	VISION: Uncorrected	DISTANT R L	NEAR R L	COLOUR VISION	BLOOD GROUP
170	79.1	143/88	(N)	R	Corrected	(A) (A)	(A) (A)	(A)	

N	A	LABORATORY AND SPECIAL INVESTIGATIONS	N	A
✓	1. Urinalysis	TC - 215 mg/dl		6. Audiogram
✓	2. Hb Bloodcount ESR	HDL - 32 mg/dl		7. Lung Function
✓	3. Serum Profile	LDL - 162.80 mg/dl		8. Chest X-Ray
✓	4. Stool			9. Drug Screen
✓	5. E.C.G.			10. CR Screen

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

BMC - 27.4 kg/m²

Adv

- Regular exercise
- Weight reduction.
- Avoid high fat diet
- Take plenty of fruits & vegetables
- Repeat RPL after 3 months

ASSESSMENT

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

Date 04-09-19

Signature

DR. HASAN MAHBUB KHAN BAYZO
Name (Block Capitals)
MEDICAL OFFICER
RUSAIR HEALTH CENTRE
MOH LIC NO. 15691

Doctor / Sister

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor / Sister