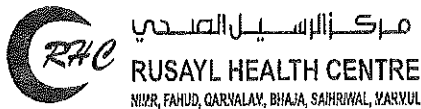


#1403

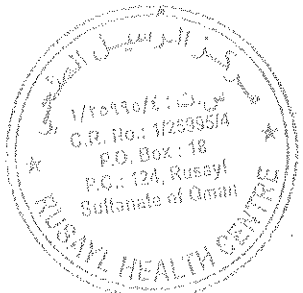
PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



INITIAL EXAMINATION REPORT

Surname SONGHT																																																																																																																																																																				
Forenames JAGWANT																																																																																																																																																																				
Address TRUCKOMAN (STAFF-1403)																																																																																																																																																																				
Place of examination RS PAC CLINIC, BAHJA	Date 04/09/19 DOB: 15/03/1976, CIVIL-70268013																																																																																																																																																																			
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Reason for examination <input checked="" type="checkbox"/> Pre-employment <input type="checkbox"/> Pre-overseas	Job :- CRANE OPERATOR Area:- BAHJA																																																																																																																																																																			
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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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			PHYSICAL EXAMINATION										
N	A		<p>BMC - 27.4 kg/m²</p> <p>HR - 66 bpm</p> 										
✓		1. Eyes & Pupils											
✓		2. E.N.T.											
✓		3. Teeth & Mouth											
✓		4. Lungs & Chest											
✓		5. Cardiovascular System											
✓		6. Abdo. Viscera											
✓		7. Hermlal 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 L	HEARING R	VISION: Uncorrected	VISION: Corrected	DISTANT R L	NEAR R L	COLOUR VISION	BLOOD GROUP
			170	70.1	143/82								
N	A	LABORATORY AND SPECIAL INVESTIGATIONS								N	A		
✓		1. Urinalysis	<p>TC - 215 mg/dl</p> <p>HDL - 32 mg/dl</p> <p>LDL - 162.80 mg/dl</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

BMC - 27.4 kg/m²

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

Adv:

- Regular exercise
- Weight reduction.
- Avoid high fat diet
- Take plenty of fruits & vegetables
- Repeat RLP 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 BAYZID
Name (Block Capitals)
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 15691

Doctor / Sister

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor / Sister