

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



Mobile No. 96323716		Home/Leave Address: Bangladesh	Surname/Forenames JAHANGIR ABDUL ALIM																																																																																					
			Nationality BANGLADESHI																																																																																					
		Company Number: 1601	Reference Indicator: 107025998 160																																																																																					
<p>Personal Details</p> <p>A <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced /Widow(en)</p> <p>Home/Leave Address: <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter No of Children: 2</p> <p>Reason for Examination (tick as appropriate)</p> <p>Periodic Medical Examination <input checked="" type="checkbox"/> Final / Retirement <input type="checkbox"/> Other Reason: <input type="checkbox"/></p> <p>Employee only</p> <p>B Present Job and Location: Helper / Driver Next Job and Location: Truckman same</p> <p>Are you a registered person with special needs? <input type="checkbox"/> Do you belong to any Medical Insurance Scheme? <input type="checkbox"/></p> <p>Previous Medical History: All important medical events should be listed and dated at every medical examination. To be completed together with the interviewing Nurses or Doctor who will be able to help by referring to your notes.</p> <p>Please answer the following questions and tick 'N' (no) or 'Y' (yes) in the column. If 'Y' Please describe</p> <table border="1"> <thead> <tr> <th></th> <th>N</th> <th>Y</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Have you, since your last medical been treated by your family doctor or specialist for significant (major) ailments?</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>1 Ear, nose, eye or throat problems</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>2 Chest problems like asthma, bronchitis, other bad cough</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>3 Heart abnormality, chest pains</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>4 Abdominal pains, abnormal bowel motions</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>5 Urogenital problems (kidney disease, menstrual disorder)</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>6 Skin trouble or allergies</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>7 Epileptic fits, dizzy spells or migraine</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>8 History of mental illness, depression anxiety</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>9 Diabetes, thyroid disease</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>10 Blood disorder e.g. anaemia, blood cancer e.g. leukaemia</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>11 Any history of accidents or fractures</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>12 Have you had any serious allergies</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>13 Do any dependants have a significant ongoing illness?</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>14 Any family history of cancers</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Do you take any regular medicines, or have you taken in the past?</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Do you smoke? 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Date: 19/02/22

Signature of Applicant:

Jahangir Alim



FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

N = Normal A = Abnormal (please describe)		PHYSICAL EXAMINATION										
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. Musculo-skeletal										
		12. Skin & Varicose Vns.										
		13. C.N.S.										

HEIGHT cm	WEIGHT kg	BMI	B.P. 130/80	PULSE 72/mins.	HEARING L H R M	VISION	
						DISTANT	NEAR
170	55	19.1	kg/m ²			R 6/6 L 6/6	M 6/6

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS		N	A	
			DISTANT	NEAR			
✓		1. Urinalysis					7. Audiogram
✓		2. Hb, Bloodcount, ESR					8. Lung Function
✓		3. LFT, RFT, RBS					9. Chest X-Ray
		4. Drug Screen					10. ECG
✓		5. Lipids (40 years +)					11. CVS risk for 40 yrs. & above
✓		6. Sickle Cell test					12. HIV, Hepatitis screening

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

- ✓ mild dyslipidaemia
- ✓ Reduce intake of bad fat and oil
- ✓ Encouraged to quit smoking.

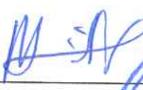
ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

DR. JEPHTHAH CHIBUZO NNADI
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 17247

Date: 19/02/22

Name (Block Capitals): Dr. / Nurse

Signature: 

REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr. / Nurse

Signature: 

