

#1413

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



ریسالی ہلٹ سینٹر  
RUSAYL HEALTH CENTRE  
NIXR, FARUD, QARNALAV, BHAJA, SAHRIWAL, VARWUL

## INITIAL EXAMINATION REPORT

Place of examination

Date 04/09/19

RS PAC CLINIC, BAHJA

Surname SINGH

Forenames BALJINDER

Address TRUCKMAN (STAPP-1413)

DOB: 15/03/1983, UNL-72767118

Home Telephone number 99235420

If a dependant or fiancee entr employees name jere :-

Surname :

Forenames:

	Nationality INDIAN	Country of birth INDIA	Religion SIKHISM
<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Single <input type="checkbox"/> Widow(er) <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced Separated	Relationship to employee <input checked="" type="checkbox"/> Wife <input type="checkbox"/> Son <input checked="" type="checkbox"/> Daughter <input type="checkbox"/> Fiancee		
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		
	(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 (?) If uncertain exclude minor ailmenis.)

	Y	N		Y	N		Y	N
1. Sirius rouble		✓	22. Heart Disease		✓	42. Awarded benifities for Industrial injury/lilness		✓
2. Neck swellings/lbands		✓	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/bronchittis		✓	26. Stroke		✓	FOR WOMEN ONLY		
6. Hayfever/other allergy		✓	27. Serious chest pain		✓	Have you aver 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"/>	Asthama <input checked="" type="checkbox"/>	Eczerna <input checked="" type="checkbox"/>
	Heart disease <input 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 BALJINDER SINGH

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

BME - 25.9 kg/m<sup>2</sup>  
HR - 68/min



HEIGHT cm	WEIGHT kg	B.P.	HEARING L	HEARING R	VISION: Uncorrected	DISTANT R (A) L (A)	NEAR R (A) L (A)	COLOUR VISION (A)	BLOOD GROUP
166	71.5	129/96	(A)	(A)	Corrected				

N	A	LABORATORY AND SPECIAL INVESTIGATIONS	N	A
✓	1. Urimalysis	TC - 216 mg/dl		6. Audiogram
✓	2. Hb Bloodcount ESR	HDL - 38.0 mg/dl		7. Lung Function
✓	3. Serum Profile	LDL - 145.60 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.)

BME - 25.9 kg/m<sup>2</sup>  
Sickle cell - Negative

Adv

- Regular exercise
- Weight reduction
- Avoid high fat diet

ASSESSMENT

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

Date 04-09-19

Signature

DR. HASAN MAHBUB KHAN BAZID  
MEDICAL OFFICER  
RUSAYL Name (Block Capitals)  
MOH LIC NO. 15591

Doctor / Sister

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor / Sister