

#1413

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



مركز الرعاية الصحية
RUSAYL HEALTH CENTRE
MUMBAI, FARIH, QARNALAY, BHABA, SAHRAWAL, VARANASI

INITIAL EXAMINATION REPORT

Surname SINGH																																																																																																																																		
Forenames BALJINDER																																																																																																																																		
Address TRUCKOMAN (STAFF-LN13)																																																																																																																																		
Place of examination RS PAC CLINIC, BAHJA	Date 04/09/19 DOB: 15/03/1983, CIVIL-72767118																																																																																																																																	
Home Telephone number 99235420																																																																																																																																		
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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 type="checkbox"/> Daughter <input checked="" type="checkbox"/> Fiancee																																																																																																																																	
Number of Children 2																																																																																																																																		
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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	(3)																																																																																																																																	
Are you Registered Disabled Person? (UK) <input type="checkbox"/>	Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>																																																																																																																																	
DO YOU HAVE OR HAVE YOU HAD :- (Tick "yes" or "No" column or put a (?) if uncertain exclude minor ailments.)																																																																																																																																		
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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 BALJINDER SINGH																																																																																																																																	

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		BME - 25.9 kg/m ² HR - 68 bpm										
✓		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	DISTANT R L	NEAR R L	COLOUR VISION	BLOOD GROUP	
			166	71.5	129/90	L	R	Corrected			(A)		
N	A	LABORATORY AND SPECIAL INVESTIGATIONS								N	A		
✓		1. Urinalysis	TC - 210 mg/dl HDL - 38.0 mg/dl LDL - 145.60 mg/dl										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

BME - 25.9 kg/m²
Smear cell - Negative

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

Advi
 • 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 BAYLID
 MEDICAL OFFICER
 Name: (Block Capitals)
 MOH LIC NO. 15691

Doctor / Sister

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor / Sister