



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                        |                                       |              |              |                        |                |             |                  |                |   |              |  |  |  |  |  |                  |
| C                                       | 1. Eyes & Pupils         |                                       |              |              |                        |                |             |                  |                |   |              |  |  |  |  |  |                  |
| C                                       | 2. E.N.T.                |                                       |              |              |                        |                |             |                  |                |   |              |  |  |  |  |  |                  |
| C                                       | 3. Teeth & Mouth         |                                       |              |              |                        |                |             |                  |                |   |              |  |  |  |  |  |                  |
| C                                       | 4. Lungs & Chest         |                                       |              |              |                        |                |             |                  |                |   |              |  |  |  |  |  |                  |
| C                                       | 5. Cardiovascular System |                                       |              |              |                        |                |             |                  |                |   |              |  |  |  |  |  |                  |
| C                                       | 6. Abdo. Viscera         |                                       |              |              |                        |                |             |                  |                |   |              |  |  |  |  |  |                  |
| C                                       | 7. Hernial Orifices      |                                       |              |              |                        |                |             |                  |                |   |              |  |  |  |  |  |                  |
| C                                       | 8. Anus & Rectum         |                                       |              |              |                        |                |             |                  |                |   |              |  |  |  |  |  |                  |
| C                                       | 9. Genito - urinary      |                                       |              |              |                        |                |             |                  |                |   |              |  |  |  |  |  |                  |
| C                                       | 10. Extremities          |                                       |              |              |                        |                |             |                  |                |   |              |  |  |  |  |  |                  |
| C                                       | 11. Muscula-skeletal     |                                       |              |              |                        |                |             |                  |                |   |              |  |  |  |  |  |                  |
| C                                       | 12. Skin & Varicose Vns. |                                       |              |              |                        |                |             |                  |                |   |              |  |  |  |  |  |                  |
| C                                       | 13. C.N.S.               |                                       |              |              |                        |                |             |                  |                |   |              |  |  |  |  |  |                  |
| C                                       | 14. Breasts              |                                       |              |              |                        |                |             |                  |                |   |              |  |  |  |  |  |                  |
| C                                       | 15.                      |                                       |              |              |                        |                |             |                  |                |   |              |  |  |  |  |  |                  |
| HEIGHT<br>cm                            | WEIGHT<br>kg             | B.P.<br>mm Hg                         | HEARING<br>L | HEARING<br>R | VISION:<br>Uncorrected | DISTANT<br>R L | NEAR<br>R L | COLOUR<br>VISION | BLOOD<br>GROUP |   |              |  |  |  |  |  |                  |
| 159                                     | 51                       | 118/68<br>mm Hg                       | L            | R            | Corrected              | 0              | 0           | 0                |                |   |              |  |  |  |  |  |                  |
| N                                       | A                        | LABORATORY AND SPECIAL INVESTIGATIONS |              |              |                        |                |             |                  |                | N | A            |  |  |  |  |  |                  |
| C                                       | 1. Urimalysis            | • Dyslipidemia (mild),                |              |              |                        |                |             |                  |                |   | 6. Audiogram |  |  |  |  |  |                  |
| C                                       | 2. Hb Bloodcount ESR     |                                       |              |              |                        |                |             |                  |                |   |              |  |  |  |  |  | 7. Lung Function |
| C                                       | 3. Sarum Profile         |                                       |              |              |                        |                |             |                  |                |   |              |  |  |  |  |  | 8. Chest X-Ray   |
| C                                       | 4. Stool                 |                                       |              |              |                        |                |             |                  |                |   |              |  |  |  |  |  | 9. Drug Screen   |
| C                                       | 5. E.C.G.                |                                       |              |              |                        |                |             |                  |                |   |              |  |  |  |  |  | 10. CR Screen    |

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

• BMI : Healthy wt.

ASSESSMENT

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

Date 6-3-19

Signature

*M.M.F.*

DR. MOHAMMAD MARUF FERDOUS

Name (Block Capitals)

MEDICAL OFFICER

Doctor / Sister

RUGAVI HEALTH CENTRE

MOH LIC NO. 12930

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor / Sister