

1616

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



مركز الرعاية الصحية  
RUSAYL HEALTH CENTRE  
NIMR, FAHUD, QARNALAM, BHAJA, SAHRAWAL, MARWUL

INITIAL EXAMINATION REPORT

Surname Balu NARAYANA SAMY.  
Forenames DOB - 8-3-61 EN - 107975401  
Address Truck, Oman, Saded, Bahja  
Home Telephone number 9424 7292

Place of examination Bahja Date 18-03-19

If a dependant or fancee entr employees name jere :-

Surname : \_\_\_\_\_ Forenames: \_\_\_\_\_  
Nationality Indian Country of birth India Religion Hindu  
Relationship to employee \_\_\_\_\_ Number of Children 03  
☒ Male ☐ Single ☐ Widow(er)  
☐ Female ☒ Married ☐ Divorced Separated  
☐ Wife ☒ Son ☒ Daughter ☐ Fiancee

Reason for examination ☐ Pre-employment Job :- Carpenter  
ppo medical ☐ Pre-overseas Area:- Haima

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 ailments.)

	Y	N		Y	N		Y	N
1. Sirius rouble			22. Heart Disease			42. Awarded benifities for Industrial injury/illness		
2. Neck swellings/flands			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/bronchitis			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 /tracture					
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 ? NA Average daily alcohol consumption NA  
Family history Diabetes ☒ Tuberculosis ☒ Epilepsy ☒ Asthama ☒ Eczerna ☒  
Heart disease ☒ High blood pressure ☒ Stroke ☒ Cancer ☒ Blood disease ☒

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 18-03-19 Signature of applicant N. Balu



FOR COMPLETION BY EXAMINING DOCTOR OR SISTER  
FURTHER DETAILS OF MEDICAL HISTORY AND RECREATIONAL ACTIVITIES

Rusayl Health Centre

ISO 9001: 2015 Certified

LABORATORY INVESTIGATION

N - Normal A - Abnormal Please Describe		PHYSICAL EXAMINATION										
N	A	1. Eyes & Pupils	<p>Bme: 31.2 kg/m<sup>2</sup></p>									
<input checked="" type="checkbox"/>		2. E.N.T.										
<input checked="" type="checkbox"/>		3. Teeth & Mouth										
<input checked="" type="checkbox"/>		4. Lungs & Chest										
<input checked="" type="checkbox"/>		5. Cardiovascular System										
<input checked="" type="checkbox"/>		6. Abdo. Viscera										
<input checked="" type="checkbox"/>		7. Hermial Orifices										
<input checked="" type="checkbox"/>		8. Anus & Rectum										
<input checked="" type="checkbox"/>		9. Genito - urinary										
<input checked="" type="checkbox"/>		10. Extremities										
<input checked="" type="checkbox"/>		11. Muscula-skeletal										
<input checked="" type="checkbox"/>		12. Skin & Varicose Vns.										
<input checked="" type="checkbox"/>		13. C.N.S.										
<input checked="" type="checkbox"/>		14. Breasts										
		15.	HEIGHT cm 168	WEIGHT kg 58	B.P. 116/78 mmHg	HEARING L R	HEARING L R	VISION: Uncorrected Corrected	DISTANT R L	NEAR R L	COLOUR VISION 0	BLOOD GROUP

N		A		LABORATORY AND SPECIAL INVESTIGATIONS		N		A	
<input checked="" type="checkbox"/>		1. Urinalysis	<p>mild dyslipidemia cholesterol = 232 mg/dl</p>		<input checked="" type="checkbox"/>		6. Audiogram		
<input checked="" type="checkbox"/>		2. Hb Bloodcount ESR			<input checked="" type="checkbox"/>		7. Lung Function		
<input checked="" type="checkbox"/>		3. Serum Profile			<input checked="" type="checkbox"/>		8. Chest X-Ray		
		4. Stool			<input checked="" type="checkbox"/>		9. Drug Screen		
		5. E.C.G.			<input checked="" type="checkbox"/>		10. CR Screen		

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

Bme: ~~obese~~ obese.  
Adv: Avoid excess calories and fatty foods.  
Do regular physical exercise

ASSESSMENT

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

Date 28-03-19

Signature

DR. MOHAMMAD MARUF FERDOUS  
Name (Block Capitals)  
RUSAYL HEALTH CENTRE  
MOH LIC NO. 12930

Doctor / Sister

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor / Sister

DR. MOHAMMAD MARUF FERDOUS  
MEDICAL OFFICER  
RUSAYL HEALTH CENTRE  
MOH LIC NO. 12930

Lab Technician