

1616

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



مکالمہ سیل المدینہ  
RUSAYL HEALTH CENTRE  
NIMR, FAHUD, QARNALAM, BHAJA, SAHRIWAL, MARWAL

INITIAL EXAMINATION REPORT

Place of examination

Date 1/1  
18-03-19

If a dependant or fiancee entr employees name jere :-

Surname :

Forenames:

		Nationality Indian	Country of birth India	Religion Hindu
<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Single	<input type="checkbox"/> Widow(er)	<input type="checkbox"/> Wife	<input checked="" type="checkbox"/> Son
<input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Divorced Separated	<input checked="" type="checkbox"/> Daughter	<input type="checkbox"/> Fiancee

Reason for examination  
PDO medical

Job :- Carpenter

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 (?) It 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/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 /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 ?

No

Average daily alcohol consuption

No

Family history	<input checked="" type="checkbox"/> Diabetes	<input checked="" type="checkbox"/> Tuberculosis	<input checked="" type="checkbox"/> Epilepsy	<input checked="" type="checkbox"/> Asthama	<input checked="" type="checkbox"/> Eczema	<input checked="" type="checkbox"/> Cancer	<input checked="" type="checkbox"/> Blood disease
Heart disease	<input checked="" type="checkbox"/> High blood pressure			<input checked="" type="checkbox"/> Stroke			<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 18-03-19 Signature of applicant N. Balu

N - Normal A - Abnormal Please Describe			PHYSICAL EXAMINATION							
N	A		URINE ANALYSIS							
C		1. Eyes & Pupils	Bmle : 31.2 mg/dm <sup>3</sup>							
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								
I		10. Extremities								
C		11. Muscula-skeletal								
C		12. Skin & Varicose Vns.								
C		13. C.N.S.								
C		14. Breasts								
		15.								
HEIGHT cm	WEIGHT kg	B.P. 116/75 m/s	HEARING L	HEARING R	VISION: Uncorrected	DISTANT R L	NEAR R L	COLOUR VISION	BLOOD GROUP	
162	62			0 L		0	+	0		
			LABORATORY AND SPECIAL INVESTIGATIONS							
N	A	1. Urimalysis							6. Audiogram	
C		2. Hb Bloodcount ESR							7. Lung Function	
C		3. Sarum Profile							8. Chest X-Ray	
C		4. Stool							9. Drug Screen	
		5. E.C.G.							10. CR Screen	
N - Normal A - Abnormal Please Describe										
Physical Examination - General, Local, Systems, disabilities, mental stability etc.)										

(age, gender, race, disabilities, mental stability etc.)

- BMI: ~~overweight~~ obese.
  - Adv.
    - Avoid extra calories and fatty foods.
    - Do regular physical exercise

## ASSESSMENT

FIT ALL AREAS

FIT HOME SERVICES ONLY

UNFIT/UNSUITABLE

Date 28-03-19

**Signature**

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

Doctor / Sister

## **REVIEW/CONSULTATION**

Date

**Signature**

Name (Block Capitals)

Doctor / Sister