

1440

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



مركز الرعاية الصحية
RUSAYL HEALTH CENTRE
NIMR, FAHUD, QARNALAM, BHAJA, SAHRIWAL, MARYUL

INITIAL EXAMINATION REPORT

Surname Balwinder Singh		Forenames DOB - 06.09.88 c.w. 94201678																																																																																																																																					
Address Truckman, Bahja, Haima																																																																																																																																							
Place of examination Bahja		Date 9-1-19																																																																																																																																					
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Name and address of family doctor		List your last 3 jobs																																																																																																																																					
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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 ailmenis.)																																																																																																																																							
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42. Awarded benifities for Industrial injury/lilness 43. Treated for a mental condition. eg . depression 44. Treated for problem drinking or drug abuse 45. Exposed to toxic substance or noise FOR WOMEN ONLY Have you aver had:- 46. An abnormal smear 47. Any gynaecological treatment 48. Are you pregnant? 49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE ?																																																																																																																																							
How much tabacco each day ? N A		Average daily alcohol consuption Social drinker																																																																																																																																					
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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 9-1-19		Signature of applicant Balwinder Singh																																																																																																																																					

