

#1460

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



الصحيه العمالية
RUSAYL HEALTH CENTRE
NIHR, FAHID, QARNIYAH, BHAJA, SAIMIRIWAH, MARVUL

INITIAL EXAMINATION REPORT

Place of examination	Date	1 / 1 02.10.18	Forenames	Abdul Rafeek Kunna ppilly, moi deen
			Address	72838822
			Truck Oman, Bahja, Haima	
			Home Telephone number 95692507.	

If a dependant or fiancee entr employees name jere :-

Surname:		Forenames:	
		Nationality Indian	
		Country of birth	India
		Religion Islam	
<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Single	<input type="checkbox"/> Widow(er)	Relationship to employee
<input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Divorced Separated	<input type="checkbox"/> Wife <input type="checkbox"/> Son <input checked="" type="checkbox"/> Daughter <input type="checkbox"/> Fiancee
Number of Children		2	

Reason for examination	Pre-employment	Job :-	DRIVER
PDO medical	Pre-overseas	Area:-	Bahja, Haima

Name and address of family doctor	List your last 3 jobs
	(1)
	(2)
	(3)

Are you Registered Disabled Person? (UK)	<input type="checkbox"/>	Do you belong to any Medical Insurance Scheme?	<input type="checkbox"/>
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DO YOU HAVE OR HAVE YOU HAD :- (Tick 'yes' or 'No' column or put a (?) It unclain 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 ever 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 ?	NA	Average daily alcohol consuption	NA
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Family history	Diabetes <input checked="" type="checkbox"/>	Tuberculosis <input checked="" type="checkbox"/>	Epilepsy <input checked="" type="checkbox"/>	Asthama <input checked="" type="checkbox"/>	Eczerna <input checked="" type="checkbox"/>
	Heart disease <input checked="" type="checkbox"/>	High blood pressure <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Stroke <input checked="" type="checkbox"/>	Cancer <input checked="" type="checkbox"/>
					Blood disease <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	02 - 10 - 18	Signature of applicant
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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									
	1. Eyes & Pupils									
	2. E.N.T.									
	3. Teeth & Mouth									
	4. Lungs & Chest									
	5. Cardiovascular System									
	6. Abdo. Viscera									
	7. Hernial 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. mm Hg	HEARING L R	HEARING L R	VISION: Uncorrected Corrected	DISTANT R L	NEAR R L	COLOUR VISION	BLOOD GROUP	
184	69	139/89								
N A		LABORATORY AND SPECIAL INVESTIGATIONS							N	A
	1. Urinalysis									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

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

• B.M.I = Healthy wt.

ASSESSMENT

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

Date 3 - 10 - 18 Signature

DR. MOHAMMAD MARUF FERDOUS

Name (Block Capitals) **DR. MOHAMMAD MARUF FERDOUS**
ROSYAL HEALTH CENTRE

MEDICAL OFFICER
MOB. NO. 12930

Doctor / Sister

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor / Sister

