

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

1404

DOB 08/10/1982  
CNIL 8269012  
RHS

ریاضیہ سینٹر  
RUSAYL HEALTH CENTRE  
NIK, FAHAD, QARNALAY, BHAJA, SAHRIWAL, KARJUL

INITIAL EXAMINATION REPORT

Place of examination Date 27/04/19  
RS PAC CLINIC BHAJA

Surname	
Forenames JASWINDER SINGH	
Address TRUKMAN	
St 14-1464	
Home Telephone number 95398892	

If a dependant or fiancee entr employees name jere :-

Surname :		Forenames:	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input checked="" type="checkbox"/> Widow(er) <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced Separated		Relationship to employee <input checked="" type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input checked="" type="checkbox"/> Fiancee	

Reason for examination		Job :- DRYER CHEM	
<input checked="" type="checkbox"/> Pre-employment <input type="checkbox"/> Pre-overseas		Area:- BHAJA	
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 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 employmnt or insurance for medical reasons					

How much tabacco each day ? 1-2		Average daily alcohol consuption					
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"/>	Cancer <input checked="" type="checkbox"/>	Blood disease <input checked="" type="checkbox"/>
	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 27-04-19 Signature of applicant Jaswinder Singh

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.

BMD-36.4 kg/m<sup>2</sup>  
HR-96 b/min



HEIGHT cm	WEIGHT kg	B.P.	HEARING L R	HEARING L R	VISION: Uncorrected Corrected	DISTANT R   L	NEAR R   L	COLOUR VISION	BLOOD GROUP
163	96.8	147/81							

N	A	LABORATORY AND SPECIAL INVESTIGATIONS	N	A
✓		1. Urimalysis		6. Audiogram
✓		2. Hb Bloodcount ESR		7. Lung Function
✓		3. Serum 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.)

BMD-36.4 kg/m<sup>2</sup>

Adv

- ✓ Weight reduction
- ✓ Regular exercise
- ✓ Take plenty of fruiting vegetables & fiber
- ✓ Continue diabetic & with pentamidine medication.

ASSESSMENT

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

Date 28-06-19

Signature

DR. HASAN MAHBUB KHAN BAYZID  
Name (Block Capitals)  
MEDICAL OFFICER  
RUSAYL HEALTH CENTRE

Doctor / Sister

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor / Sister

MOH LIC NO. 15691