

1485

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



## INITIAL EXAMINATION REPORT

Surname <b>MUTHU</b>																																																																																																																																																																				
Forenames <b>BABU</b>																																																																																																																																																																				
Address <b>TRUKOMAN</b>																																																																																																																																																																				
Place of examination <b>RS PAC CLINIC BAHJA</b>	Date <b>03/07/19</b>																																																																																																																																																																			
DOB: <b>22/02/1978, CIVIL-76749602, STAFF-1485</b>																																																																																																																																																																				
Home Telephone number <b>92048367</b>																																																																																																																																																																				
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Religion <b>CHRISTIAN</b>																																																																																																																																																																				
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Widow(er) <input 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 type="checkbox"/> Fiancee																																																																																																																																																																			
Number of Children <b>2</b>																																																																																																																																																																				
Reason for examination <input checked="" type="checkbox"/> Pre-employment <input type="checkbox"/> Pre-overseas	Job :- <b>DRIVER (HEAVY)</b> Area:- <b>BAHJA</b>																																																																																																																																																																			
Name and address of family doctor	List your last 3 jobs																																																																																																																																																																			
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	(2)																																																																																																																																																																			
	(3)																																																																																																																																																																			
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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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 <b>03-07-19</b>	Signature of applicant <b>M. Man</b>																																																																																																																																																																			

BME - 27.3 kg/m<sup>2</sup> ✓

Adv

- Weight reduction
- Regular exercise
- Avoid high fat diet

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

Signature

DR. HASAN MAHRUB KHAN BAYZID  
Name (Block Capitals)  
MEDICAL OFFICER  
RUSAYL HEALTH CENTRE  
MOH LIC NO. 15691

Doctor / Sister

## REVIEW/CONSULTATION

Doctor / Sister