

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. 138/80	HEARING L	HEARING R	VISION: Uncorrected	DISTANT R L	NEAR R L	COLOUR VISION	BLOOD GROUP	
176 cm	98 kg		0	0		0	0	0		
N	A	LABORATORY AND SPECIAL INVESTIGATIONS						N	A	
	1. Urimalysis									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.)

o B.M.I : obese

Advise

- o avoid extra calories and fatty foods.
- o Do regular physical exercise

ASSESSMENT

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

Date 6-3-19

Signature

Mohd R.

DR. MOHAMMAD MARUF FERDOUS
Name (Block Capitals)
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 12930

Doctor / Sister

REVIEW/CONSULTATION

Date

Signature



Name (Block Capitals)

Doctor / Sister