

10150

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



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

INITIAL EXAMINATION REPORT

Surname Hamdan Saleem Hamdan Al-																																																																																																																																																																							
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Name and address of family doctor	List your last 3 jobs																																																																																																																																																																						
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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 6-3-19	Signature of applicant																																																																																																																																																																						

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	<p>BMI = 31.6 kg/m²</p>							
	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.	HEARING L	HEARING R	VISION: Uncorrected	DISTANT R L	NEAR R L	COLOUR VISION	BLOOD GROUP
176 cm	134 kg	138/80	L	R	Corrected				
		LABORATORY AND SPECIAL INVESTIGATIONS							
N	A								
	1. Urinalysis								
	2. Hb Bloodcount ESR								
	3. Sarum Profile								
	4. Stool								
	5. E.C.G.								
	6. Audiogram								
	7. Lung Function								
	8. Chest X-Ray								
	9. Drug Screen								
	10. CR Screen								

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

BMI : Obese

Advise -
• Avoid extra calories and fatty foods.
• Do regular physical exercise

ASSESSMENT

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

Date 6-3-19

Signature

DR. MOHAMMAD MARUF FERDOUS
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 12930

Doctor / Sister

REVIEW/CONSULTATION

Date

Signature



Name (Block Capitals)

Doctor / Sister