

10185

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS




مركز الرسيل الصحي
RUSAYL HEALTH CENTRE
NIVR, FAHUD, QARNALAH, BHAJA, SAMRHAL, KARYUL

INITIAL EXAMINATION REPORT

Surname MUBARAK MABROOK AL RASHBI																																																																																																																																																																				
Forenames SALEEM																																																																																																																																																																				
Address TRUKOMAN																																																																																																																																																																				
Place of examination RS PAC CLINIC BAHJA	Date 03/07/19																																																																																																																																																																			
DOB: 14/10/1974, CIVIL-2307468, STAFF-10185																																																																																																																																																																				
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Number of Children 9																																																																																																																																																																				
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Name and address of family doctor	List your last 3 jobs																																																																																																																																																																			
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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 ailments.)																																																																																																																																																																				
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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 03/07/19	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
<input checked="" type="checkbox"/>	1. Eyes & Pupils	<p>BMI-34.0 kg/m² HR-75b/min</p> 
<input checked="" type="checkbox"/>	2. E.N.T.	
<input checked="" type="checkbox"/>	3. Teeth & Mouth	
<input checked="" type="checkbox"/>	4. Lungs & Chest	
<input checked="" type="checkbox"/>	5. Cardiovascular System	
<input checked="" type="checkbox"/>	6. Abdo. Viscera	
<input checked="" type="checkbox"/>	7. Hermlal Orifices	
<input checked="" type="checkbox"/>	8. Anus & Rectum	
<input checked="" type="checkbox"/>	9. Genito - urinary	
<input checked="" type="checkbox"/>	10. Extremities	
<input checked="" type="checkbox"/>	11. Muscula-skeletal	
<input checked="" type="checkbox"/>	12. Skin & Varicose Vns.	
<input checked="" type="checkbox"/>	13. C.N.S.	
<input checked="" type="checkbox"/>	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
170	98.4	122/95							

N A		LABORATORY AND SPECIAL INVESTIGATIONS	N A	
<input checked="" type="checkbox"/>	1. Urinalysis	<p>TC-259 mg/dl HDL-35-30 mg/dl LDL-151-22 mg/dl</p>	<input type="checkbox"/>	6. Audiogram
<input checked="" type="checkbox"/>	2. Hb Bloodcount ESR		<input type="checkbox"/>	7. Lung Function
<input checked="" type="checkbox"/>	3. Sarum Profile		<input type="checkbox"/>	8. Chest X-Ray
	4. Stool		<input type="checkbox"/>	9. Drug Screen
	5. E.C.G.		<input type="checkbox"/>	10. CR Screen

OTHER FINDINGS (physique, scars, disabilities, mental stability etc.)
BMI-34.0 kg/m²

ASSESSMENT

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

Date 04-07-19

Signature

DR. HASAN MAHBUB KHAN BAYZID
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 13381

Doctor / Sister

REVIEW/CONSULTATION

- Adv
- Weight reduction
 - Regular exercise
 - Avoid high fat diet
 - Stop smoking

Date

Signature

Name (Block Capitals)

Doctor / Sister