

#1631

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



رُسَيْلِ الْجَنَاحِيَّةِ  
RUSAYL HEALTH CENTRE  
NIMR, FAHUD, QARNALAH, BAJA, SAIRIWAH, MARMUL

## INITIAL EXAMINATION REPORT

Place of examination	Date	1 / 1
Bahya	05-11-18	Home Telephone number 919 40379

If a dependant or fiancee entr employees name jere :-

Surname :

Forenames:

Nationality British			Country of birth UK	Religion Christian				
<input checked="" type="checkbox"/> Male	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Widow(er)	<input type="checkbox"/> Wife	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter	<input type="checkbox"/> Fiancee	Relationship to employee	Number of Children
<input type="checkbox"/> Female	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced						
Separated								

Reason for examination  Pre-employment Job :- Assistant operation  
 Pre-overseas Area:- Bahya (Haima),

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		r	22. Heart Disease		r	42. Awarded benifities for Industrial injury/lilness		r
2. Neck swellings/flands		r	23. Rheumatic Fever		r	43. Treated for a mental condition. eg . depression		r
3. Difficulty in vision		r	24. Abnormal heartbeat		r	44. Treated for problem drinking or drug abuse		r
4. Any ear discharge		r	25. High blood pressure		r	45. Exposed to toxic substance or noise		r
5. Asthma/bronchitis		r	26. Stroke		r	FOR WOMEN ONLY		
6. Hayfever/other allergy		r	27. Serious chest pain		r	Have you aver had:-		
7. Any skin trouble		r	28. Any blood disease		r	46. An abnormal smear		
8. Tuberculosis		r	29. Kidney disease		r	47. Any gynaecological treatment		
9. Shortness of breath		r	30. Painful passage of urine		r	48. Are you pregnant?		
10. Coughed/vomited blood		r	31. Blood in urine		r	49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE ?		
11. Severe abdominal pain		r	32. Diabetes		r			
12. Stomach ulcer		r	33. Headaches /migraine		r			
13. Recurrent indigestion		r	34. Dizziness/tainting		r			
14. Jaundice or hepatitis		r	35. Epilepsy		r			
15. Gall bladder disease		r	36. Joints/spinal trouble		r			
16. Marked change in bowel habits		r	37. Surgical operation		r			
17. Blood in stools (motions)		r	38. Serious accident /fracture		r			
18. Marked change in weight		r	39. Tropical disease		r			
19. Varicose veins		r	40. Fear of heights		r			
20. Lump in breast/armpit		r	HAVE YOU EVER BEEN:-		r			
21. Cancer		r	41. Rejected for employment or insurance for medical reasons		r			

How much tabacco each day ?

N/A

Average daily alcohol consuption

N/A

Family history	Diabetes <input checked="" type="checkbox"/>	Tuberculosis <input checked="" type="checkbox"/>	Epilepsy <input checked="" type="checkbox"/>	Asthama <input checked="" type="checkbox"/>	Eczema <input checked="" type="checkbox"/>
	Heart disease <input checked="" type="checkbox"/>	High blood pressure <input checked="" type="checkbox"/>		Stroke <input checked="" type="checkbox"/>	Cancer <input checked="" type="checkbox"/>
					Blood disease <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 05-11-18

Signature of applicant



FOR COMPLETION BY EXAMINING DOCTOR OR SISTER  
FURTHER DETAILS OF MEDICAL HISTORY AND RECREATIONAL ACTIVITIES

N - Normal A - Abnormal Please Describe	
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.

PHYSICAL EXAMINATION

• BMI : 37.77 kg/m<sup>2</sup>

HEIGHT cm	WEIGHT kg	B.P. mm Hg	HEARING L	HEARING R	VISION: Uncorrected	DISTANT R L	NEAR R L	COLOUR VISION	BLOOD GROUP
182 cm	136 kg	135/80	○ L	○ R		○	+	○	
LABORATORY AND SPECIAL INVESTIGATIONS									
✓	1. Urimalysis	• All para meters are within normal limits						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.)

• BMI : Obese .

Add :

- Avoid extra calories and fatty foods
- Do Regular physical exercise

ASSESSMENT

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

Date 05-11-18

Signature

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)

