#1713

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

مركز الرسيل الصحي

RUSAYL HEALTH CENTRE

NIMR, FAHUD, QARNALAM, BHAJA, SAIHRIWAL, MARMUL

INITIAL EXAMINATION REPORT

Surname	Eduardo JR Espejon Siron
Forenames	DOB - 8-3-1978 , CN. 112083964
Address	Truck Oman , Bahja
Place of examination: Bahja — Date / / : 25, 10, 18	Home Telephone number 94464468

If a dependant or fancee entr employees name jere :-

Surname : Forenames:

	Naticnality Filipino	Country of birth Filipine	Religion Christian

			Relationship to employee	Number of Children
[✓] Male	[ ] Single	[ ] Widow(er)	[✓] Wife [ ] Son [✓] Daughter [ ] Fiancee	4
[ ] Female	[✓] Married	[ ] Divorced Separated		

Reason for examination [ ] Pre-employment Job :- HSE Adviser

PDO medical [ ] Pre-overseas Area:- Bahja

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 uncerlain exclude minor ailmenis.)

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

How much tabacco each day ? 6 st / day Average daily alcohol consuption occasionally

Family history											
	Diabetes	x	Tuberculosis	x	Epilepsy	x	Asthama	x	Eczerna	x	
	Heart disease	x	High blood pressure				Stroke	x	Cancer	x	Blood disease x

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 25.10.18 Signature of applicant E. SIRON

RUSAYL HEALTH CENTRE C.R. No. 1/24996/4 P.O. Box: 18 P.C. 124, Rusayl Sultanate of Oman

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	• BMI: 25.45 kg/m².
		2. E.N.T.	
		3. Teeth & Mouth	
		4. Lungs & Chest	
		5. Cardiovascular System	
		6. Abdo. Viscera	
		7. Hermial Orifices	
		8. Anus & Recturn	
		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	HEARING	VISION:	DISTANT R	DISTANT L	NEAR R	NEAR L	COLOUR VISION	BLOOD GROUP
164	81	119/73 mmHg.	L	L	Uncorrected					O.	
			R	R	Corrected						

N	A		LABORATORY AND SPECIAL INVESTIGATIONS	N	A	
✓		1. Urimalysis	• Dm (+ve)			6. Audiogram
✓		2. Hb Bloodcount ESR	• dyslipidemia			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: Over weight

Adv.:
• visit physician for Diabetes and dyslipidemia
• Avoid Extra calories and fatty foods
• Do Regular physical exercise.

ASSESSMENT

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

Date 28-10-18 Signature MBBS. Name (Block Capitals) DR. MOHAMMAD MARUF FERDOUS MEDICAL OFFICER RUSAYL HEALTH CENTRE MOH LIC NO. 12930 Doctor / Sister

REVIEW/CONSULTATION

Date Signature Name (Block Capitals) Doctor / Sister

مركز الرسيل الصحي س.ت: ١/٢٥٩٩٥/٤ C.R. No.: 1/25995/4 P.O. Box: 18 P.C. 124, Rusayl Sultanate of Oman RUSAYL HEALTH CENTRE