

500  
24/01/1976  
WNL-3580295  
RHC

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

#10296

مکالماتیل الصدی  
RUSAYL HEALTH CENTRE  
SAHARA - PAC / RS - PAC

INITIAL EXAMINATION REPORT

Place of examination Date 09/04/19  
RS PAC CLINIC BAHJA

Surname AL HABSI PARAJ AL MANWARI

Forenames JASSEM

Address TRUCKMAN

Ref - 10296

Home Telephone number 99507210

If a dependant or fiancee entr employees name jere :-

Forenames:

Surname:

Nationality OMAN

Country of birth OMAN

Religion ISLAM

Male  Single  Widower  
 Female  Married  Divorced  
 Separated

Relationship to employee  
 Wife  Son  Daughter  Fiancee

Number of Children  
6

Reason for examination  Pre-employment  
 Pre-overseas

Job: - SUPERVISOR

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 uncertain exclude minor ailmenis.)

	Y	N
1. Sirius rouble		✓
2. Neck swellings/flands		✓
3. Difficulty in vision		✓
4. Any ear discharge		✓
5. Asthma/bronchitis		✓
6. Hayfever/other allergy		✓
7. Any skin trouble		✓
8. Tuberculosis		✓
9. Shortness of breath		✓
10. Coughed/vomited blood		✓
11. Severe abdominal pain		✓
12. Stomach ulcer		✓
13. Recurrent indigestion		✓
14. Jaundice or hepatitis		✓
15. Gall bladder disease		✓
16. Marked change in bowel habits		✓
17. Blood in stools (motions)		✓
18. Marked change in weight		✓
19. Varicose veins		✓
20. Lump in breast/armpit		✓
21. Cancer		✓

	Y	N
22. Heart Disease		✓
23. Rheumatic Fever		✓
24. Abnormal heartbeat		✓
25. High blood pressure		✓
26. Stroke		✓
27. Serious chest pain		✓
28. Any blood disease		✓
29. Kidney disease		✓
30. Painful passage of urine		✓
31. Blood in urine		✓
32. Diabetes		✓
33. Headaches /migraine		✓
34. Dizziness/tainting		✓
35. Epilepsy		✓
36. Joints/spinal trouble		✓
37. Surgical operation		✓
38. Serious accident /fracture		✓
39. Tropical disease		✓
40. Fear of heights		✓
HAVE YOU EVER BEEN:-		
41. Rejected for employment or insurance for medical reasons		✓

	Y	N
42. Awarded benifities for Industrial injury/lilness		✓
43. Treated for a mental condition. eg . depression		✓
44. Treated for problem drinking or drug abuse		✓
45. Exposed to toxic substance or noise		✓
FOR WOMEN ONLY		
Have you ever had:-		
46. An abnormal smear		
47. Any gynaecological treatment		
48. Are you pregnant?		
49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE ?		

How much tabacco each day? Non-smoker

Average daily alcohol consuption

Family history	Diabetes <input checked="" type="checkbox"/>	Tuberculosis <input checked="" type="checkbox"/>	Epilepsy <input checked="" type="checkbox"/>	Asthama <input checked="" type="checkbox"/>	Eczerna <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 09/04/19

Signature of applicant

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

N - Normal A - Abnormal Please Describe

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 - 30.1 kg/m<sup>2</sup>  
HR - 82b/min



HEIGHT cm	WEIGHT kg	B.P.	HEARING L	HEARING R	VISION: Uncorrected	DISTANT R L	NEAR R L	COLOUR VISION	BLOOD GROUP
177	94.3	121/90	(A)	(A)	Corrected	(A) (A)	(A) (A)		

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.)

BMI - 30.1 kg/m<sup>2</sup>

ADM

- ✓ Regular exercise
- ✓ Weight Reduction
- ✓ Take plenty of fruits & vegetables & fish
- ✓ Repeat FLP after 3 month

ASSESSMENT

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

Date 09.04.19

Signature

MO HASAN MAHBUR KHAN RAYZID

MEDICAL OFFICER

Doctor / Sister

REVIEW/CONSULTATION

RUSAYL HEALTH CENTRE  
MOH LIC NO. 15694

Date

Signature

Name (Block Capitals)

Doctor / Sister