

10317

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



رأس العين
RUSAYL HEALTH CENTRE
NIMR, FAHID, QARNALAY, BHAJA, SAHRIWAL, MARYUL

INITIAL EXAMINATION REPORT

Place of examination Bahja	Date 12-3-19	Surname Ibrahim Salim Ibrahim Al-Balushi
Forenames DOB: 23-02-82, CN: 10236848		Address Truckman, Haima
Home Telephone number 99773443		

If a dependant or fancee entr employees name jere :-

Surname :

Forenames:

Nationality Omani		Country of birth Oman	Religion Islam
☒ Male	☐ Single	Relationship to employee	
☐ Female	☒ Married	☒ Wife	☒ Son
☐ Divorced	☐ Separated	☒ Daughter	☐ Fiancee
		Number of Children 2	

Reason for examination ☐ Pre-employment Job :- **Operator**
pro medical ☐ Pre-overseas Area :- **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 (?) If uncertain exclude minor ailments.)

	Y	N		Y	N		Y	N
1. Sirius rouble			22. Heart Disease			42. Awarded benifities for Industrial injury/illness		
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		
6. Hayfever/other allergy			27. Serious chest pain			Have you aver had:-		
7. Any skin trouble			28. Any blood disease			46. An abnormal smear		
8. Tuberculosis			29. Kidney disease			47. Any gynaecological treatment		
9. Shortness of breath			30. Painful passage of urine			48. Are you pregnant?		
10. Coughed/vomited blood			31. Blood in urine			49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE ?		
11. Severe abdominal pain			32. Diabetes					
12. Stomach ulcer			33. Headaches /migraine					
13. Recurrent indigestion			34. Dizziness/fainting					
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 /fracture					
18. Marked change in weight			39. Tropical disease					
19. Varicose veins			40. Fear of heights					
20. Lump in breast/arm/pit			41. Rejected for employment or insurance for medical reasons					
21. Cancer								

How much tabacco each day ?

N A

Average daily alcohol consumption

N A

Family history	Diabetes ☒	Tuberculosis ☒	Epilepsy ☒	Asthma ☒	Eczerma ☒
	Heart disease ☒	High blood pressure ☒	Stroke ☒	Cancer ☒	Blood disease ☒

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

12-03-19

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		Bmi: 30.1 kg/m²									
r		1. Eyes & Pupils										
r		2. E.N.T.										
r		3. Teeth & Mouth										
r		4. Lungs & Chest										
r		5. Cardiovascular System										
r		6. Abdo. Viscera										
r		7. Hermlal Orifices										
r		8. Anus & Rectum										
r		9. Genito - urinary										
r		10. Extremities										
r		11. Muscula-skeletal										
r		12. Skin & Varicose Vns.										
r		13. C.N.S.										
r		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
			163	80	119/63							
N	A	LABORATORY AND SPECIAL INVESTIGATIONS			N	A						
r		1. Urinalysis	Bmi: 30.1 kg/m² dyslipidemia					6. Audlogram				
r		2. Hb Bloodcount ESR						7. Lung Function				
r		3. Sarum Profile						8. Chest X-Ray				
		4. Stool						9. Drug Screen				
r		5. E.C.G.						10. CR Screen				

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

Bmi: obese

- Adv:
- Avoid extra calories and fatty foods
 - do regular physical exercise
 - visit your doctor regularly for Diabetes control.

ASSESSMENT

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

(with medications and sugar control)

Date

12.03.19

Signature

Name (Block Capitals)

DR. MOHAMMAD MARUF FERDOUS

Doctor / Sister

MEDICAL OFFICER

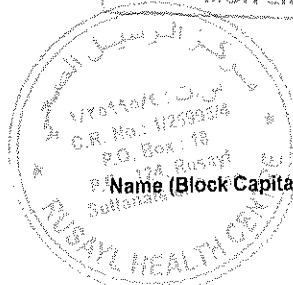
RUSAYL HEALTH CENTRE

MOH LIC NO. 12930

REVIEW/CONSULTATION

Date

Signature



Name (Block Capitals)

Doctor / Sister