\# 10317

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

مركز الرسيل الصحي
RHC RUSAYL HEALTH CENTRE
NIMR, FAHUD, QARNALAM, BHAJA, SAIHRIWAL, MARMUL

INITIAL EXAMINATION REPORT

Surname: Ibrahim Salim Ibrahim Al-Balushi

Forenames: DOB. 23-02-82, CN. 10236848

Address: Truck oman, Haima

Place of examination: Bahja

Date: 12-3-19

Home Telephone number: 99773443

If a dependant or fancee entr employees name jere :-

Surname :

Forenames:

Naticnality: Omani

Country of birth: Oman

Religion: Islam.

✓ Male	Single	Widow(er)	
Female	✓ Married	Divorced Separated	

Relationship to employee: ✓ Wife ✓ Son ✓ Daughter Fiancee

Number of Children: 2

Reason for examination: PDO medical

Pre-employment

Pre-overseas

Job :- Operator

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 (?) It uncerlain 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 /tracture		✓
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 aver 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 ? NA

Average daily alcohol consuption NA

Family history: Diabetes ✗ Tuberculosis ✗ Epilepsy ✗ Asthama ✗ Eczerna ✗ 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 [signature]

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

N	A	N - Normal A - Abnormal Please Describe
N		1. Eyes & Pupils
N		2. E.N.T.
N		3. Teeth & Mouth
N		4. Lungs & Chest
N		5. Cardiovascular System
N		6. Abdo. Viscera
N		7. Hermial Orifices
N		8. Anus & Recturn
N		9. Genito - urinary
N		10. Extremities
N		11. Muscula-skeletal
N		12. Skin & Varicose Vns.
N		13. C.N.S.
N		14. Breasts
		15.

PHYSICAL EXAMINATION

- BMI = 30.1 kg/m².

HEIGHT cm	WEIGHT kg	B.P.	HEARING L	HEARING R	VISION:	DISTANT R	DISTANT L	NEAR R	NEAR L	COLOUR VISION	BLOOD GROUP
163	80	112/63	N	N	Uncorrected	N		N		N	
					Corrected						

N	A	LABORATORY AND SPECIAL INVESTIGATIONS
N		1. Urimalysis
N		2. Hb Bloodcount ESR
	N	3. Sarum Profile
		4. Stool
N		5. E.C.G.

- DM - FBS - 257
- dyslipidemia -

N	A	
		6. Audiogram
		7. Lung Function
		8. Chest X-Ray
		9. Drug Screen
		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 [signature] 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

RUSAYL HEALTH CENTRE