PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

RHC RUSAYL HEALTH CENTRE
SAHARA - PAC / RS - PAC

INITIAL EXAMINATION REPORT

P.O. Box : 18
P.C.: 124 Rusayl
Sultanate of Oman

Surname	SAJITH VARATARAJAN
Forenames	
Address	TRUCK OMAN
Place of examination: RHC — Date: 17/5/18	
Home Telephone number	91185810 / Age → 24yrs

If a dependant or fancee entr employees name jere :-

Surname : Forenames:

Naticnality	Country of birth	Religion
INDIAN	INDIA	HINDU

☑ Male	☑ Single	☐ Widow(er)	Relationship to employee: ☐ Wife ☐ Son ☐ Daughter ☐ Fiancee	Number of Children
☐ Female	☐ Married	☐ Divorced Separated		

Reason for examination: ☑ Pre-employment ☐ Pre-overseas — Job :- Workshop Co-ordinator — Area:- Muscat.

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

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

	Y	N
42. Awarded benifities for Industrial injury/lilness		X
43. Treated for a mental condition. eg . depression		X
44. Treated for problem drinking or drug abuse		X
45. Exposed to toxic substance or noise		X
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 ? Nil — Average daily alcohol consuption Nil

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 17/5/18 — Signature of applicant Varatharajan Sajith

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	
		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.	

Hr - 70 bpm

HEIGHT cm	WEIGHT kg	B.P.	HEARING L	HEARING L	VISION: DISTANT R / L	NEAR R / L	COLOUR VISION	BLOOD GROUP
187cm	97kg	120/90 mm Hg	R N	R N	Uncorrected 6/6 6/6	N/N N/N	NORMAL	
					~~Corrected~~			

N	A		LABORATORY AND SPECIAL INVESTIGATIONS	N	A	
		1. Urimalysis	FBS - 84-~~88~~ mg/dl			6. Audiogram
		2. Hb Bloodcount ESR	Sickling test - negative			7. Lung Function
		3. Sarum Profile	BMI - 27			8. Chest X-Ray
		4. Stool				9. Drug Screen
		5. E.C.G.				10. CR Screen

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

ASSESSMENT

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

Date 17/5/18 Signature Name (Block Capitals) Doctor/ Sister

DR. MOHAMMAD SYAM
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 12932

REVIEW/CONSULTATION

Fit to work

Date 21/05/18 Signature Name (Block Capitals) Doctor/ Sister

DR. MOHAMMAD SYAM
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
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