

10330

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



مكتب الرعاية الصحية
RUSAYL HEALTH CENTRE
SAHARA - PAC / RS - PAC

INITIAL EXAMINATION REPORT

Place of examination	Date	1 / 1	Surname	Bati' obaid Al- Aabed Oaghmayah
Bahya	06.11.18		Forenames	DOB: 8-3-92, CN 19794652, Al- jadili
			Address	Trunk Oman, Haima, Bahya

If a dependant or fiancee entr employees name jere :-

Surname:

Forenames:

<input checked="" type="checkbox"/> Male	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Widow(er)	Relationship to employee	Islam			
<input type="checkbox"/> Female	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced Separated	<input checked="" type="checkbox"/> Wife	<input checked="" type="checkbox"/> Son	<input checked="" type="checkbox"/> Daughter	<input type="checkbox"/> Fiancee	Number of Children

Reason for examination Pre-employment Job :- Co Ordinator (HSE),
 PDO medical Pre-overseas Area:- Haima, Bahya

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 unclain 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		
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/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 /fracture		✓			
18. Marked change in weight		✓	39. Tropical disease		✓			
19. Varicose veins		✓	40. Fear of heights		✓			
20. Lump in breast/armpit		✓	HAVE YOU EVER BEEN:-					
21. Cancer		✓	41. Rejected for employment or insurance for medical reasons		✓			

How much tabacco each day ?	N/A	Average daily alcohol consuption	N/A		
Family history	Diabetes <input checked="" type="checkbox"/>	Tuberculosis <input checked="" type="checkbox"/>	Epilepsy <input checked="" type="checkbox"/>	Asthma <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 do 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 6-11-18 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
	1. Eyes & Pupils
	2. E.N.T.
	3. Teeth & Mouth
	4. Lungs & Chest
	5. Cardiovascular System
	6. Abdo. Viscera
	7. Hermial Orifices
	8. Anus & Rectum
	9. Genito - urinary
	10. Extremities
	11. Muscula-skeletal
	12. Skin & Varicose Vns.
	13. C.N.S.
	14. Breasts
	15.

• B.M.L : 19-11 kg/m²

HEIGHT cm	WEIGHT kg	B.P. mm Hg	HEARING L	HEARING R	VISION: Uncorrected	DISTANT R L	NEAR R L	COLOUR VISION	BLOOD GROUP
171	65	120/80 mm Hg	① L	① R	Corrected	①	①		

N	A	LABORATORY AND SPECIAL INVESTIGATIONS	N	A
	1. Urinalysis	• All parameters are within normal limit		6. Audiogram
	2. Hb Bloodcount ESR			7. Lung Function
	3. Serum 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.)

• B.M.L : Healthy wt.

ASSESSMENT

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

Date 06-11-18

Signature

DR. MOHAMMAD MARUF FERDOUS

Name (Block Capitals)
MEDICAL OFFICER

RUSAYL HEALTH CENTRE
MOH LIC NO. 12930

Doctor / Sister

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor / Sister

