1843

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

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

INITIAL EXAMINATION REPORT

Surname CHAND
Forenames KULDEEP
Address TRUCK OMAN
DOB: 10/05/1974, CML-118127469, STAFF-1843
Home Telephone number 95247862

Place of examination RS PAC CLINIC BAHJA
Date 17/06/19

If a dependant or fancee entr employees name jere :-
Surname :
Forenames:

Naticnality INDIAN | Country of birth INDIA | Religion HINDUISM

☑ Male ☐ Single ☐ Widow(er)
☐ Female ☑ Married ☐ Divorced Separated

Relationship to employee: ☑ Wife 1 Son 2 Daughter ☐ Fiancee — Number of Children 3

Reason for examination ☑ Pre-employment ☐ Pre-overseas
Job :- DRIVER (HEAVY)
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 uncerlain 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/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/armpit		✓	HAVE YOU EVER BEEN:- 41. Rejected for employment or insurance for medical reasons		✓			
21. Cancer		✓						

How much tabacco each day ? Non-smoker
Average daily alcohol consuption NO

Family history: Diabetes ✗ Tuberculosis ✗ Epilepsy ✗ Asthama ✗ Eczema ✗
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 17-06-19
Signature of applicant [signature]

Stamp: مركز الرسيل الصحي — C.R. No. ... P.O. Box : 18, P.C.: 124, Rusayl, Sultanate of Oman — RUSAYL HEALTH CENTRE

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

N	A	N - Normal A - Abnormal Please Describe	PHYSICAL EXAMINATION
✓		1. Eyes & Pupils	BMI - 30.0 kg/m²
✓		2. E.N.T.	HR - 60 b/min
✓		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.	

RUSAYL HEALTH CENTRE
C.R. No.: 1/25995/4
P.O. Box: 16
P.C.: 124, Rusayl
Sultanate of Oman

HEIGHT cm	WEIGHT kg	B.P.	HEARING	HEARING	VISION:	DISTANT R	DISTANT L	NEAR R	NEAR L	COLOUR VISION	BLOOD GROUP
163	79.8	129/82	L (A)	L	Uncorrected	(A)	(A)	(A)	(A)		
			R (A)	R	Corrected						

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 - 30.0 kg/m²
Sickle cell - Negative

Advi:
- Regular exercise
- Weight reduction

- TMT is done on 25.07.19 & found negative for inducible
- Referred for CRH to exclude any pathology. However, he is fit to work as per cardiologist report.

ASSESSMENT

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

Date 07.07.19 Signature DR. HASAN MAHBUB KHAN BAYZID MEDICAL OFFICER RUSAYL HEALTH CENTRE MOH LIC NO. 15691 Name (Block Capitals) Doctor / Sister

REVIEW/CONSULTATION

Date Signature Name (Block Capitals) Doctor / Sister