Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Surname	Varkey
Forenames	Abraham Simmes
Address:	
Home telephone number	
Place of examination: Aster Hospital, Ibri	**Date:** 2/10/21
If a dependant enter employee's name here:	**Project:** Truck Oman
Birth date: 31-05-1983	**Nationality:** Indian / **Country of birth:** Indian / **Religion:**
☑ Male ☐ Female	☐ Married ☐ Single ☐ Separated /Divorced
Relationship to employee ☐ Wife ☐ Son ☐ Daughter	Number of children:
Reason for examination	Pre-Employment ☐ Job:
	Pre-Overseas ☐ Area:
Name and address of family doctor	List your last 3 jobs
	(1)
Are you a Registered Disabled Person? (UK only) ☐	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. Sinus trouble		✓	21. Cancer		✓	**HAVE YOU EVER BEEN:-**		
2. Neck swelling/glands		✓	22. Heart Disease		✓	40. Rejected for employment or insurance for medical reasons		✓
3. Difficulty in vision		✓	23. Rheumatic fever		✓			
4. Any ear discharge		✓	24. Abnormal heartbeat		✓	41. Awarded benefits for industrial injury/illness		✓
5. Asthma/bronchitis		✓	25. High blood pressure		✓			
6. Hayfever /other significant allergy		✓	26. Stroke		✓	42. Treated for a mental condition, e.g. depression		✓
7. Any skin trouble		✓	27. Serious chest pain		✓			
8. Tuberculosis		✓	28. Any blood disease		✓	43. Treated for problem drinking or drug abuse		✓
9. Shortness of breath		✓	29. Kidney disease		✓			
10. Coughed/vomited blood		✓	30. Blood in urine		✓	44. Exposed to toxic substance or noise		✓
11. Severe abdominal pain		✓	31. Diabetes		✓			
12. Stomach ulcer		✓	32. Headaches/migraine		✓	**FOR WOMEN ONLY**		
13. Recurrent indigestion		✓	33. Dizziness/fainting		✓	Have you ever had:-		
14. Jaundice or hepatitis		✓	34. Epilepsy		✓	45. An abnormal smear		
15. Gall Bladder disease		✓	35. Joints/spinal trouble		✓	46. Any gynaecological treatment		
16. Marked change in bowel habits		✓	36. Surgical operation	✓				
17. Blood in stools (motions)		✓	37. Serious accident/fracture		✓	47. Are you pregnant?		
18. Marked change in weight		✓	38. Tropical disease		✓	48. **Have you had an illness not mentioned above**		
19. Varicose veins		✓	39. Fear of heights		✓			
20. Lump in breast/armpit		✓						

How much tobacco each day?	Average daily alcohol consumption

Have you ever taken elicited drugs? ( ) PDO test all new/potential employees for elicited/recreational drugs

FAMILY HISTORY: Diabetes ( ) Tuberculosis ( ) Epilepsy ( ) Asthma ( ) Eczema ( )
Heart disease ( ) High blood pressure ( ) Stroke ( ) Blood Disease ( ) Cancer ( )

PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:-
I declared these statements to be true to the best of my knowledge and belief and I agree that the result of this medical examination 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. **I am also aware that PDO reserve the right to dismiss me if it was found that I have purposely withheld important medical information.**

Date: 2/10/21 **Signature of Applicant:**

M.O.H LICENCE NO. 7215
C.R. NO. 7013006
AL DHAHIRA GOVERNORATE
WILAYAT IBRI
Sultanate of Oman
OMAN AL KHAIR HOSPITAL L.L.C

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ص.ب: ٤٠٠، الرمز البريدي: ٥١١
عبري، سلطنة عمان
هاتف: ٢٥٦٨٨٠٧٥ +٩٦٨
فاكس: ٢٥٦٨٨٠٢٥ +٩٦٨
نقال: ٧٧١٥٥٩٩٧٧ / ٧٣٩٩٠٩١٣ +٩٦٨

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
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. Hernial Orifices	
✓		8. Anus & Rectum	
		9. Genito-urinary	
✓		10. Extremities	
		11. Musculo-skeletal	
✓		12. Skin & Varicose Vns.	
✓		13. C.N.S.	

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION	Colour Vision	Blood Group
178	77.2	24.92	103/63	78 /mins.	L / R	DISTANT R L / NEAR R L; Uncorrected 6/6 6/6; Corrected		

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis				7. Audiogram
✓		2. Hb, Bloodcount, ESR				8. Lung Function
		3. LFT, RFT, RBS		✓		9. Chest X-Ray
		4. Drug Screen				10. ECG
	✓	5. Lipids (40 years +)				11. CVS risk for 40 yrs. & above
✓		6. Sickle Cell test				12. HIV, Hepatitis screening

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)
noted high cholesterol — Adv - diet / exercise. Not fit to do Repel Pipe (Setup)

ASSESSMENT:

☑ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT

Date: 20/10/2021 Name (Block Capitals): Dr. Signature:

REVIEW/CONSULTATION

Date: 20-10-2021 Name (Block Capitals): Dr. Signature:

Stamp: د. كيران رافيندران ناير / DR. KIRAN RAVEENDRAN NAIR / رقم الترخيص: ٨٨٦١ / LICENECE NO: 8861 / طبيب عام / GENERAL PRACTITIONER

Stamp: مستشفى عمان الخير / OMAN AL KHAIR HOSPITAL L.L.C / LICENCE NO. 1215 / C.R. NO: 1013006 / AL DHAHIRA GOVERNORATE / WILAYAT IBRI / Sultanate of Oman