#1849

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

مركز الرسيل الصحي
RUSAYL HEALTH CENTRE
NIMR, FAHUD, QARNALAY, BHAJA, SAIHRIWAL, MARYUL

# INITIAL EXAMINATION REPORT

Surname SINGH MOHINDER
Forenames MAJOR
Address TRUCKOMAN

Place of examination RS PAL CLINIC BAHJA
Date 17/06/19
DOB: 13/09/1981, CIVIL= 85742849, STAFF- 1849
Home Telephone number 93357972

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

Naticnality INDIAN | Country of birth INDIA | Religion SIKHISM

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

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

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 |
|---|---|---|
| 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 ? Non-smoker
Average daily alcohol consuption Social drinker

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 17-06-19
Signature of applicant Major Singh

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 | | BMI - 24.6 Kg/m² |
| ✓ | | 1. Eyes & Pupils | HR - 103 b/min |
| ✓ | | 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. | |

مركز الرسيل الصحي
س.ت: ١/٢٥٩٩٥/٤
C.R. No.: 1/25995/4
P.O. Box : 18
P.C.: 124, Rusayl
Sultanate of Oman
RUSAYL HEALTH CENTRE

| HEIGHT cm | WEIGHT kg | B.P. | HEARING | HEARING | VISION: | DISTANT | NEAR | COLOUR VISION | BLOOD GROUP |
|---|---|---|---|---|---|---|---|---|---|
| 182 | 81.6 | 124/93 | L (N) | L | Uncorrected | R (N) L (N) | R (N) L (N) | | |
| | | | R (N) | R | Corrected | | | | |

| N | A | | LABORATORY AND SPECIAL INVESTIGATIONS | N | A | |
|---|---|---|---|---|---|---|
| ✓ | | 1. Urimalysis | TC - 210 mg/dl | | | 6. Audiogram |
| ✓ | | 2. Hb Bloodcount ESR | LDL - 136.67 mg/dl | | | 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 - 24.6 Kg/m²
Sickle cell - Negative

Advr
- Regular exercise
- Avoid high fat diet

ASSESSMENT

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

Date 12.06.19 Signature DR. HASAN MAHBUB KHAN BAYZID Name (Block Capitals) Doctor / Sister
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 15691

REVIEW/CONSULTATION

Date Signature Name (Block Capitals) Doctor / Sister