مركز الرسيل الصحي
RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

INITIAL EXAMINATION REPORT (MEDICAL - CONFIDENTIAL) No. A 0229

RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.
PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	LALMIYA KHAN
Forenames	LALMIYA
Address	TRUCKOMAN
Home telephone number	9405213

Place of examination	Date 24-10-19	If a dependant enter employee's name here: Surname:	Forenames:
Birth date 10/07/1996	Nationality: BANGLADESHI	Country of birth: BANGLADESH	Religion: ISLAM

☑ Male ☐ Female | ☑ Married ☐ Single ☐ Separated /Divorced | Relationship to employee: ☑ Wife 1 Son ☐ Daughter | Number of children: 1

Reason for examination: Pre-Employment ☑ Job: HELPER; Pre-Overseas ☐ Area: BAHJA

Name and address of family doctor	List your last 3 jobs
	(1)
	(2)

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		✓	41. Awarded benefits for industrial injury/illness		✓
4. Any ear discharge		✓	24. Abnormal heartbeat		✓	42. Treated for a mental condition, e.g. depression		✓
5. Asthma/bronchitis		✓	25. High blood pressure		✓	43. Treated for problem drinking or drug abuse		✓
6. Hayfever /other significant allergy		✓	26. Stroke		✓	44. Exposed to toxic substance or noise		✓
7. Any skin trouble		✓	27. Serious chest pain		✓			
8. Tuberculosis		✓	28. Any blood disease		✓	FOR WOMEN ONLY		
9. Shortness of breath		✓	29. Kidney disease		✓	Have you ever had:-		
10. Coughed/vomited blood		✓	30. Blood in urine		✓	45. An abnormal smear		
11. Severe abdominal pain		✓	31. Diabetes		✓	46. Any gynaecological treatment		
12. Stomach ulcer		✓	32. Headaches/migraine		✓	47. Are you pregnant?		
13. Recurrent indigestion		✓	33. Dizziness/fainting		✓	48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
14. Jaundice or hepatitis		✓	34. Epilepsy		✓			
15. Gall Bladder disease		✓	35. Joints/spinal trouble		✓			
16. Marked change in bowel habits		✓	36. Surgical operation		✓			
17. Blood in stools (motions)		✓	37. Serious accident/fracture		✓			
18. Marked change in weight		✓	38. Tropical disease		✓			
19. Varicose veins		✓	39. Fear of heights		✓			
20. Lump in breast/armpit		✓			✓			

How much tobacco each day? 8-10 | Average daily alcohol consumption NA

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.**

C.R. No.: 1/2599514 P.O. Box : 18 P.C.: 124, Rusayl Sultanate of Oman RUSAYL HEALTH CENTRE

Date: 24-10-19 Signature of Applicant: LALMIYA

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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 DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
163	46.7	17.6	100/74	79/mins.	L (N) R	Uncorrected (N)	Uncorrected (N)	(N)	(N)	(N)	✓
						Corrected ✓	Corrected ✓	✓	✓		

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis	HDL-28mg/dl			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.)

ASSESSMENT:

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

DR. HASAN MAHBUB KHAN BAYZID
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 15691

Date: 24.10.19 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

Date: Name (Block Capitals): Dr. / Nurse Signature: