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

1872

## INITIAL EXAMINATION REPORT (MEDICAL - CONFIDENTIAL) No. A 0228

RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

| | |
|---|---|
| Surname | PALLIKUNNATH |
| Forenames | ASHLY JOHNY |
| Address | TRUCKOMAN, CIVIL-93072962, DOB: 08/07/87 |
| Home telephone number | 97442648 |

| | |
|---|---|
| Place of examination | RJ PAC, BAHJA |
| Date | 20.10.19 |

If a dependant enter employee's name here:
Surname: Forenames:

| | | | |
|---|---|---|---|
| Birth date: 08/07/1987 | Nationality: INDIAN | Country of birth: INDIA | Religion: CHRISTIAN |

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

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

| 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 | | ✓ | | | |
| 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.**

C.R. No.: 1/259954
P.O. Box : 18
P.C.: 124, Rusayl
Sultanate of Oman
RUSAYL HEALTH CENTRE

Date: 20.10.19 Signature of Applicant: Ashly

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RHC **RUSAYL HEALTH CENTRE**
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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. | |

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

| HEIGHT cm | WEIGHT kg | BMI | B.P. | PULSE | HEARING | VISION | Colour Vision | Blood Group |
|---|---|---|---|---|---|---|---|---|
| 176 | 80 | 25.8 | 108/61 | 56/mins. | L<br>R >(N) | DISTANT R (N) L (N); NEAR R (N) L (N); Uncorrected; Corrected | ✓ | ✓ |

| N | A | | LABORATORY AND OTHER SPECIAL INVESTIGATIONS | N | A | |
|---|---|---|---|---|---|---|
| ✓ | | 1. Urinalysis | TC-217 mg/dl<br>HDL-38.6 mg/dl<br>LDL-153.20 mg/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.)**

Adv:
- Regular exercise
- Weight reduction
- Avoid high fat & sugar diet
- Take plenty of fruits & vegetables
- Repeat FLP after 3 months.

**ASSESSMENT:**

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

Date: 20.10.19 Name (Block Capitals): Dr. / Nurse Signature:

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

**REVIEW/CONSULTATION**

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