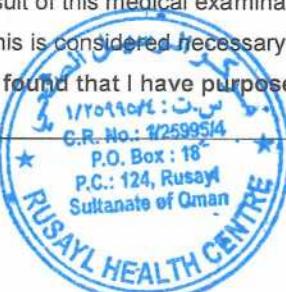




**RUSAYL HEALTH CENTRE**

ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Place of examination <b>RSPAC, BAHJA</b>		Date <b>20.10.19</b>	Surname <b>PALLIKUNNATH</b>																																																																																			
If a dependant enter employee's name here: Surname:		Forenames <b>ASHLY JOHNY</b>																																																																																				
Birth date: <b>08/07/1987</b> Nationality: <b>INDIAN</b>		Address <b>TRUCKOMAN, CIVIL-93072962, DOB: 08/07/87</b>		Home telephone number <b>97442648</b>																																																																																		
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced		<input checked="" type="checkbox"/> Relationship to employee <input checked="" type="checkbox"/> Wife <input type="checkbox"/> Son <input checked="" type="checkbox"/> Daughter																																																																																		
Reason for examination		Pre-Employment <input checked="" type="checkbox"/> Job: Pre-Overseas <input checked="" type="checkbox"/> Area:																																																																																				
Name and address of family doctor		List your last 3 jobs  (1) (2)																																																																																				
Are you a Registered Disabled Person? (UK only) <input type="checkbox"/>		Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>																																																																																				
DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)																																																																																						
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HAVE YOU EVER BEEN:- 40. Rejected for employment or insurance for medical reasons 41. Awarded benefits for industrial injury/illness 42. Treated for a mental condition, e.g. depression 43. Treated for problem drinking or drug abuse 44. Exposed to toxic substance or noise																																																																																						
FOR WOMEN ONLY Have you ever had:- 45. An abnormal smear 46. Any gynaecological treatment 47. Are you pregnant? 48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE																																																																																						
How much tobacco each day?		Average daily alcohol consumption																																																																																				
Have you ever taken elicited drugs? <input checked="" type="checkbox"/> PDO test all new/potential employees for elicited/recreational drugs																																																																																						
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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: <b>20.10.19</b>		Signature of Applicant: <b>Ashly</b>																																																																																				
 <p>1/10990/1 سلطنة عمان C.R. No.: 1/25995/4 P.O. Box: 18 P.C.: 124, Rusayl Sultanate of Oman</p>																																																																																						

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 56/mins.	HEARING L R	VISION DISTANT Uncorrected Corrected	NEAR R L R L	Colour Vision	Blood Group
176	80	25.8	108/61						

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.)

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

DR. HASAN MAHBUB KHAN BAYZID
Medical Officer
RUSAYL HEALTH CENTRE
MOH LIC NO. 15691

Date: 20.10.19

Name (Block Capitals): Dr. / Nurse

Signature:

REVIEW/CONSULTATION

RUSAYL HEALTH CENTRE

Date:

Name (Block Capitals): Dr. / Nurse

Signature: