Routine

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS #6199

مركز الرسيل الصحي
RUSAYL HEALTH CENTRE
SAHARA - PAC / RS - PAC

INITIAL EXAMINATION REPORT

Surname	Qayyum
Forenames	Akhtar Ali Abdul
Address	Tawe & Oman Medical
Place of examination RHC Date 20/09/18	Age: 52yrs / Male
Home Telephone number	99683666

If a dependant or fancee entr employees name jere :- Employee Id: 6199

Surname : Forenames:

Naticnality	Country of birth	Religion
Pakistan	Pakistan	Muslim

			Relationship to employee				Number of Children
☑ Male	☐ Single	☐ Widow(er)	1 Wife	3 Son	1 Daughter	☐ Fiancee	4
☐ Female	☑ Married	☐ Divorced Separated					

Reason for examination ☐ Pre-employment ☐ Pre-overseas Job :- Observer Area:- Pdo.

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/fiands		✗
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 ? Occasionally Average daily alcohol consuption Nil

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 20/09/18 Signature of applicant

FOR COMPLETION BY EXAMINING DOCTOR OR SISTER
FURTHER DETAILS OF MEDICAL HISTORY AND RECREATIONAL ACTIVITIES

N	A	N - Normal A - Abnormal Please Describe
✓		1. Eyes & Pupils
✓		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.

PHYSICAL EXAMINATION

- awaiting for cardio clearance.

HEIGHT cm	WEIGHT kg	B.P.	HEARING L	HEARING L	VISION:	DISTANT R	DISTANT L	NEAR R	NEAR L	COLOUR VISION	BLOOD GROUP
173cm	79kg	130/80	N	N	Uncorrected ✓	G/G	G/G	Normal		Normal	
			R	R	~~Corrected~~						

N	A	LABORATORY AND SPECIAL INVESTIGATIONS
✓		1. Urimalysis
✓		2. Hb Bloodcount ESR
	✓	3. Sarum Profile
		4. Stool
✓		5. E.C.G.

N	A	
✓		6. Audiogram
		7. Lung Function
	✓	8. Chest X-Ray
✓		9. Drug Screen
		10. CR Screen

OTHER FINDINGS (physique, scars, disabilities, mental stability etc.)

> mild myopia ; diet & lifestyle modification advised
> f/u cardio. clearance (FIT TO WORK IN 1YR)

ASSESSMENT

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

Date 02/07/2016 Signature [signature] Name (Block Capitals) Doctor / Sister

DR. EVALYN T. DEOCAREZA
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 10242

REVIEW/CONSULTATION

Date Signature Name (Block Capitals) Doctor / Sister