

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



Petroleum Development Oman
MEDICAL DEPARTMENT

INITIAL EXAMINATION REPORT

Place of examination BADR AL SAMAA HOSPITAL AL KHOUD BRANCH		Date:- 06 / 11 / 2019	Surname KHAMIS AL HANDASI	
If a dependant or partner enter employee's name here:- Surname:		Forenames: QAIS JUMA	Address	
Home Telephone Number		90111796		
Birth date 07/05 /1997		Nationality OMANI	Country of birth OMAN	Religion ISLAM
<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Single <input type="checkbox"/> Widow (er) <input type="checkbox"/> Female <input type="checkbox"/> Married <input type="checkbox"/> Divorced/ Separated		Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Fiancee		Number of Children
Reason for examination <input type="checkbox"/> Pre-employment Job:- <input type="checkbox"/> Pre-overseas Area:-		List your last 3 jobs (1) (2) (3)		
Name and address of family doctor				
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.)				
	Y	N	Y	N
1. Sinus trouble		✓		✓
2. Neck swelling/glands		✓		✓
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		✓		✓
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/fainting		✓		✓
35. Epilepsy		✓		✓
36. Joints/spinal trouble		✓		✓
37. Surgical operation		✓		✓
38. Serious accident/fracture		✓		✓
39. Tropical disease		✓		✓
40. Fear of heights		✓		✓
41. Rejected for employment or insurance for medical reasons		✓		✓
42. Awarded benefits for industrial injury/illness		✓		✓
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 ever had:-				
46. An abnormal smear				
47. Any gynaecological Treatment				
48. Are you pregnant?				
49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE				
How much tobacco each day? <input checked="" type="checkbox"/> Average daily alcohol consumption				
FAMILY HISTORY Diabetes <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Epilepsy <input type="checkbox"/> Asthma <input type="checkbox"/> Eczema <input type="checkbox"/>				
Heart disease <input type="checkbox"/> High blood pressure <input type="checkbox"/> Stroke <input type="checkbox"/> Cancer <input type="checkbox"/> Blood Disease <input type="checkbox"/>				
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 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.				
Date: 06.11.2019		Signature of applicant:		



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	<div style="border: 1px solid blue; padding: 2px; display: inline-block;"> DR. SHILPA . A MBBS, DOMS Ophthalmologist MOH License No. 8975 </div>										
✓		1. Eyes & Pupils	NORMAL									
✓		2. E.N.T.	REPORT ATTACHED									
✓		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.										
✓		14. Breasts										
HEIGHT	WEIGHT	B.P.	PULSE	HEARING	VISION	DISTANT		NEAR		COLOUR VISION	BLOOD GROUP	
cm	kg					R	L	R	L	PRESENT		
173	77	120/80 mmHG	70/Mints	L 33.3 R 18.3	Uncorrected Corrected							
						6/6	6/6	N6	N6			
N	A	LABORATORY AND SPECIAL INVESTIGATIONS					N	A				
✓		1. Urinalysis						✓		6. Audiogram		
✓		2. Hb Blood count ESR						✓		7. Lung Function		
✓		3. Serum Profile						✓		8. Chest X-Ray		
		4. Stool	N/A							9. Drug Screen		
✓		5. E.C.G.	N/A							10. CR Screen = Country Request (e.g. HIV.)		

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

ASSESSMENT

☒ FIT ALL AREAS

☐ FIT HOME SERVICE ONLY

☐ UNFIT/UNSUITABLE

☐ MAY BE REASSESSED

06.11.2019

Date

Signature

[Signature]

DR ATMA S RAJ

Name (Block Capitals)

Doctor/Sister

Dr. ATMA S RAJ
MBBS, MD
INTERNAL MEDICINE
MOH Lic No.: 17995

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor/Sister

