

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	
Forenames	QAIS JUMA	
Address		
Home Telephone Number 90111796		

If a dependant or partner enter employee's name here:-

Surname: Forenames:

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)
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Relationship to employee

Number of
Children

<input type="checkbox"/> Female	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced/ Separated
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<input type="checkbox"/> Wife	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter	<input type="checkbox"/> Fiancee
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Reason for examination	<input type="checkbox"/> Pre-employment	Job:-
	<input type="checkbox"/> Pre-overseas	Area:-

Name and address of family doctor

List your last 3 jobs

(1)

(2)

(3)

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	
1. Sinus trouble	✓		22. Heart Disease	✓		42. Awarded benefits for industrial injury/illness
2. Neck swelling/glands	✓		23. Rheumatic fever	✓		43. Treated for a mental condition, eg depression
3. Difficulty in vision	✓		24. Abnormal heartbeat	✓		44. Treated for problem drinking or drug abuse
4. Any ear discharge	✓		25. High blood pressure	✓		45. Exposed to toxic substance or noise
5. Asthma/bronchitis	✓		26. Stroke	✓		
6. Hayfever/other allergy	✓		27. Serious chest pain	✓		
7. Any skin trouble	✓		28. Any blood disease	✓		
8. Tuberculosis	✓		29. Kidney disease	✓		
9. Shortness of breath	✓		30. Painful passage of urine	✓		FOR WOMEN ONLY
10. Coughed/vomited blood	✓		31. Blood in urine	✓		Have you ever had:-
11. Severe abdominal pain	✓		32. Diabetes	✓		46. An abnormal smear
12. Stomach ulcer	✓		33. Headaches/migraine	✓		47. Any gynaecological
13. Recurrent Indigestion	✓		34. Dizziness/fainting	✓		Treatment
14. Jaundice or hepatitis	✓		35. Epilepsy	✓		48. Are you pregnant?
15. Gall Bladder disease	✓		36. Joints/spinal trouble	✓		49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE
16. Marked change in bowel habits	✓		37. Surgical operation	✓		
17. Blood in stools (motions)	✓		38. Serious accident/fracture	✓		
18. Marked change in weight	✓		39. Tropical disease	✓		
19. Varicose veins	✓		40. Fear of heights	✓		
20. Lump in breast/armpit	✓		HAVE YOU EVER BEEN:-			
21. Cancer	✓		41. Rejected for employment	✓		
How much tobacco each day?	✓		or insurance for medical reasons			

FAMILY HISTORY Diabetes Tuberculosis Epilepsy Asthma Eczema 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 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		NORMAL			REPORT ATTACHED			DR. SHILPA . A		
✓		1. Eyes & Pupils							MBBS., DOMS		
✓		2. E.N.T.							Ophthalmologist		
✓		3. Teeth & Mouth							Mch. License No. 8975		
✓		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 cm 173	WEIGHT kg 77	B.P. 120/80 mmHG	PULSE 70/Mints	HEARING L 33.3 R 18.3	VISION Uncorrected Corrected	DISTANT R 6/6 L 6/6	NEAR R N6 L N6	COLOUR VISION PRESENT	BLOOD GROUP		
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. H.I.V.)			

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

DR ATMA S RAJ

Name (Block Capitals)

Dr. ATMA S RAJ

MBBS, MD

Doctor/Sister
INTERNAL MEDICINE
MOH LIC No.: 17995

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor/Sister

