6496

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

مركز الرسيل الصحي
RHC **RUSAYL HEALTH CENTRE**
NIMR, FAHUD, QARNALAM, BHAJA, SAIHRIWAL, MARMUL

INITIAL EXAMINATION REPORT

Surname	Muhammad Faisal
Forenames	DOB - 4-5-87, CN - 87821568
Address	Track Oman, Haima
Place of examination: Bahja — Date 23-3-19	Home Telephone number 94519654

If a dependant or fancee entr employees name jere :-

Surname : Forenames:

Naticnality Pakistani — Country of birth Pakistan — Religion Islam.

☑ Male	☐ Single	☐ Widow(er)	Relationship to employee		Number of Children
☐ Female	☑ Married	☐ Divorced Separated	☑ Wife ☑ Son ☐ Daughter ☐ Fiancee		2

Reason for examination ☐ Pre-employment — Job :- Tireman
PDO medical ☐ Pre-overseas — Area:- Haima.

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		Y	N		Y	N
1. Sirius rouble		✓	22. Heart Disease		✓	42. Awarded benifities for Industrial injury/lilness		✓
2. Neck swellings/flands		✓	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		✓	FOR WOMEN ONLY		
6. Hayfever/other allergy		✓	27. Serious chest pain		✓	Have you aver had:-		
7. Any skin trouble		✓	28. Any blood disease		✓	46. An abnormal smear		
8. Tuberculosis		✓	29. Kidney disease		✓	47. Any gynaecological treatment		
9. Shortness of breath		✓	30. Painful passage of urine		✓	48. Are you pregnant?		
10. Coughed/vomited blood		✓	31. Blood in urine		✓	49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE ?		
11. Severe abdominal pain		✓	32. Diabetes		✓			
12. Stomach ulcer		✓	33. Headaches /migraine		✓			
13. Recurrent indigestion		✓	34. Dizziness/tainting		✓			
14. Jaundice or hepatitis		✓	35. Epilepsy		✓			
15. Gall bladder disease		✓	36. Joints/spinal trouble		✓			
16. Marked change in bowel habits		✓	37. Surgical operation		✓			
17. Blood in stools (motions)		✓	38. Serious accident /tracture		✓			
18. Marked change in weight		✓	39. Tropical disease		✓			
19. Varicose veins		✓	40. Fear of heights		✓			
20. Lump in breast/armpit		✓	HAVE YOU EVER BEEN:- 41. Rejected for employment or insurance for medical reasons		✓			
21. Cancer		✓						

How much tabacco each day ? NA — Average daily alcohol consuption NA

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 23-03-19 Signature of applicant M Faisal

RUSAYL HEALTH CENTRE — P.O. Box: 18 — Rusayl — Sultanate of Oman

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

N	A	N - Normal A - Abnormal Please Describe	PHYSICAL EXAMINATION
N		1. Eyes & Pupils	• Bmi : 27.8 kg/m².
N		2. E.N.T.	
N		3. Teeth & Mouth	
N		4. Lungs & Chest	
N		5. Cardiovascular System	
N		6. Abdo. Viscera	
N		7. Hermial Orifices	
N		8. Anus & Recturn	
N		9. Genito - urinary	
N		10. Extremities	
N		11. Muscula-skeletal	
N		12. Skin & Varicose Vns.	
N		13. C.N.S.	
N		14. Breasts	
		15.	

HEIGHT cm	WEIGHT kg	B.P.	HEARING	HEARING	VISION:	DISTANT R | L	NEAR R | L	COLOUR VISION	BLOOD GROUP
175	85	113/80 mmHg	L	L	Uncorrected				
			R	R	Corrected				

N	A	LABORATORY AND SPECIAL INVESTIGATIONS	N	A	
N		1. Urimalysis			6. Audiogram
N		2. Hb Bloodcount ESR			7. Lung Function
N		3. Sarum Profile			8. Chest X-Ray
		4. Stool			9. Drug Screen
		5. E.C.G.			10. CR Screen

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

• Bmi ; Over weight

Adv :
• Avoid extra calories and fatty foods.
• Do regular physical Exercise.

ASSESSMENT

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

Date 25-03-19 Signature [signature] Name (Block Capitals) DR. MOHAMMAD MARUF FERDOUS MEDICAL OFFICER RUSAYL HEALTH CENTRE MOH LIC NO. 12930 Doctor / Sister

REVIEW/CONSULTATION

Date Signature Name (Block Capitals) Doctor / Sister

مركز الرسيل الصحي
س.ت: ١/٢٥٩٩٥/٤
C.R. No.: 1/25995/4
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