مركز الرسيل الصحي
RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

1996

INITIAL EXAMINATION REPORT (MEDICAL - CONFIDENTIAL) No. A 0603

RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname THALIYAKATTIL

Forenames VINOD

Address

Home telephone number 72021922

Place of examination BARKA Date 26/12/2021

If a dependant enter employee's name here:
Surname:

Forenames:

Birth date: 11/03/1980 Nationality:

Country of birth: INDIA Religion: HINDU

☑ Male ☐ Female ☑ Married ☐ Single ☐ Separated /Divorced

Relationship to employee: ☐ Wife ☐ Son ☐ Daughter

Number of children: 1

Reason for examination: Pre-Employment ☑ Job:
Pre-Overseas ☐ Area:

Name and address of family doctor

List your last 3 jobs
(1)
(2)

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

How much tobacco each day?

Average daily alcohol consumption A Small glass daily

Have you ever taken elicited drugs? ( ) PDO test all new/potential employees for elicited/recreational drugs

FAMILY HISTORY: Diabetes ( ) Tuberculosis ( ) Epilepsy ( ) Asthma ( ) Eczema ( )
Heart disease ( ) High blood pressure ( ) Stroke ( ) Blood Disease ( ) Cancer ( )

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.**

DR. CHIEMEKA NDUKA EKECHE
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 19798

Date: 26/12/2021

Signature of Applicant:

مركز الرسيل الصحي
س.ت: ١/٢٥٩٩٥/٤
C.R. No.: 1/259954
P.O. Box : 18
P.C.: 124, Rusayl
Sultanate of Oman
RUSAYL HEALTH CENTRE

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RHC **RUSAYL HEALTH CENTRE**
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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	mild pallor, Pupils reacts equally to light
✓		2. E.N.T.	Unremarkable
✓		3. Teeth & Mouth	Clinically clear
✓		4. Lungs & Chest	Clinically clear
✓		5. Cardiovascular System	S1 + S2 only. No (M)
✓		6. Abdo. Viscera	No palpable organomegaly.
✓		7. Hernial Orifices	Unremarkable.
✓		8. Anus & Rectum	
✓		9. Genito-urinary	
✓		10. Extremities	Symmetrical.
✓		11. Musculo-skeletal	No swelling.
✓		12. Skin & Varicose Vns.	No Rash.
✓		13. C.N.S.	Well oriented.

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE /mins.	HEARING	VISION DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
158	76	28	114/67	64	L (N) R (N)	Uncorrected 6/6	6/6	6/6	6/6		
						Corrected					

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓	✓	1. Urinalysis	Triglycerides – 200↑ Total chol – 250↑ HDL – 5 N FBS – 3.9% LDL – 155↑			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.) overweight Dyslipidemia

ASSESSMENT:

☐ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT

FIT.

Date: 26/12/2024 Name (Block Capitals): Dr. / Nurse CHIEMEKA Signature:

REVIEW/CONSULTATION

Low fat diet
Regular exercise
Repeat Lipids in 6 months.

Date: 26/12/2024 Name (Block Capitals): Dr. / Nurse CHIEMEKA Signature:

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