مركز الرسيل الصحي
RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

1998

INITIAL EXAMINATION REPORT (MEDICAL - CONFIDENTIAL) No. A 0601

RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	RAJEER
Forenames	RAHUL
Address	
Home telephone number	7182575

Place of examination: BARKA	Date: 26/12/24		
If a dependant enter employee's name here: Surname:		Forenames:	
Birth date: 16/4/96	Nationality: INDIAN	Country of birth: INDIA	Religion: HINDU
☑ Male ☐ Female	☐ Married ☑ Single ☐ Separated /Divorced	Relationship to employee: ☐ Wife ☐ Son ☐ Daughter	Number of children:

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

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

How much tobacco each day?

Average daily alcohol consumption NONE

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 EKEOHE
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 19798

Date: 26/12/24

Signature of Applicant:

مركز الرسيل الصحي
س.ت: ١/٢٥٩٩٥/٤
C.R. No.: 1/259995/4
P.O. Box : 18
P.C.: 124, Rusayl
Sultanate of Oman
RUSAYL HEALTH CENTRE

RHC مركز الرسيل الصحي
RUSAYL HEALTH CENTRE
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FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

N	A	N = Normal A = Abnormal (please describe)	PHYSICAL EXAMINATION
✓		1. Eyes & Pupils	pupils equally react to light
✓		2. E.N.T.	Unremarkable
✓		3. Teeth & Mouth	
✓		4. Lungs & Chest	Vesicular breath sounds
✓		5. Cardiovascular System	HS1+2 only. NO murmurs
✓		6. Abdo. Viscera	NO palpable organomegaly
✓		7. Hernial Orifices	Unremarkable
✓		8. Anus & Rectum	
✓		9. Genito-urinary	
✓		10. Extremities	Symetrical.
✓		11. Musculo-skeletal	No Oedema / No pain / Slim, Skinny
✓		12. Skin & Varicose Vns.	No Rash
✓		13. C.N.S.	well oriented in place, person and time.

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
170	49.	17	113/74	84	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			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

BMI – 17 Underweight
Total chol – 250 ↑
LDL – 178 ↑

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

Dyslipidemia
Underweight

ASSESSMENT:

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

FIT

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

REVIEW/CONSULTATION

Eat more balanced meals/Good diet
Low fat diet advised
Repeat lipids levels in 6 months

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

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