مركز الرسيل الصحي

RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

1999

INITIAL EXAMINATION REPORT (MEDICAL - CONFIDENTIAL) No. A 0650

RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	ANANTHU .
Forenames	AJIT
Address	
Home telephone number	71247428

Place of examination BARKA	Date 26/12/2021	If a dependant enter employee's name here: Surname:	Forenames:
Birth date: 06/09/95	Nationality: INDIA	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)
	(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? NONE — Average daily alcohol consumption

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: 26/12/21

Signature of Applicant: Anantha

C.R. No.: 1/25995/4
P.O. Box : 18
P.C.: 124, Rusayl
Sultanate of Oman
RUSAYL HEALTH CENTRE

RHC **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 reacts to light
✓		2. E.N.T.	No ear pain
✓		3. Teeth & Mouth	No caries
✓		4. Lungs & Chest	Clinically clear
✓		5. Cardiovascular System	1st and 2nd
✓		6. Abdo. Viscera	No palpable organomegaly
✓		7. Hernial Orifices	& Unremarkable
✓		8. Anus & Rectum	
✓		9. Genito-urinary	
✓		10. Extremities	Symetrical
✓		11. Musculo-skeletal	No swelling, NO pain
✓		12. Skin & Varicose Vns.	NO Rash
✓		13. C.N.S.	well oriented

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE /mins.	HEARING	VISION DISTANT / NEAR	Colour Vision	Blood Group
171	79	27	120/80	63	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	Total - 235↑			7. Audiogram
✓		2. Hb, Bloodcount, ESR	trigly - 220↑			8. Lung Function
✓		3. LFT, RFT, RBS	HDL - 55			9. Chest X-Ray
		4. Drug Screen	LDL - 136↑			10. ECG
	✓	5. Lipids (40 years +)	SGOT - 48↑			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
Mild dyslipidemia
Mildly elevated liver enzymes (SGOT)

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 / Balanced diet
Regular exercise
Repeat Lipids / LFT in 6 months

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

DR. CHIEMEKA NDUKA EKECHE
GENERAL PRACTITIONER
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