



PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Place of examination BATNA Date 11/11/2022

If a dependant enter employee's name here:

Surname:

Birth date: 26/10/85

Nationality: OMAN

Male Female

Married Single Separated /Divorced

Relationship to employee
 Wife Son Daughter

Number of children: 3

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
✓		✓	21. Cancer	✓	HAVE YOU EVER BEEN:-
✓		✓	22. Heart Disease	✓	40. Rejected for employment or insurance for medical reasons
✓		✓	23. Rheumatic fever	✓	41. Awarded benefits for industrial injury/illness
✓		✓	24. Abnormal heartbeat	✓	42. Treated for a mental condition, e.g. depression
✓		✓	25. High blood pressure	✓	43. Treated for problem drinking or drug abuse
✓		✓	26. Stroke	✓	44. Exposed to toxic substance or noise
✓		✓	27. Serious chest pain	✓	FOR WOMEN ONLY
✓		✓	28. Any blood disease	✓	Have you ever had:-
✓		✓	29. Kidney disease	✓	45. An abnormal smear
✓		✓	30. Blood in urine	✓	46. Any gynaecological treatment
✓		✓	31. Diabetes	✓	47. Are you pregnant?
✓		✓	32. Headaches/migraine	✓	48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE
✓		✓	33. Dizziness/fainting	✓	
✓		✓	34. Epilepsy	✓	
✓		✓	35. Joints/spinal trouble	✓	
✓		✓	36. Surgical operation	✓	
✓		✓	37. Serious accident/fracture	✓	
✓		✓	38. Tropical disease	✓	
✓		✓	39. Fear of heights	✓	

How much tobacco each day?

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 EKEGHE
Date: GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 19798

Signature of Applicant:



FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

N = Normal A = Abnormal (please describe)		PHYSICAL EXAMINATION									
<input checked="" type="checkbox"/>	A	1. Eyes & Pupils		Pupils react equally to light No ear pain/dischag.							
<input checked="" type="checkbox"/>		2. E.N.T.									
<input checked="" type="checkbox"/>		3. Teeth & Mouth		Gumally clear							
<input checked="" type="checkbox"/>		4. Lungs & Chest		Lungs and heart sound Unremarkable.							
<input checked="" type="checkbox"/>		5. Cardiovascular System									
<input checked="" type="checkbox"/>		6. Abdo. Viscera									
<input checked="" type="checkbox"/>		7. Hernial Orifices									
<input checked="" type="checkbox"/>		8. Anus & Rectum									
<input checked="" type="checkbox"/>		9. Genito-urinary									
<input checked="" type="checkbox"/>		10. Extremities		Symmetrical No swelling/no pain							
<input checked="" type="checkbox"/>		11. Musculo-skeletal		No rash							
<input checked="" type="checkbox"/>		12. Skin & Varicose Vns.		Well oriented.							
13. C.N.S.											
HEIGHT cm	WEIGHT kg	BMI	B.P. 131 85	PULSE 91	HEARING L N R N	VISION		Colour Vision		Blood Group	
176	76	24			Uncorrected Corrected	DISTANT R 6/6 L 6/6	NEAR R 6/6 L 6/6				
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS					N	A			
<input checked="" type="checkbox"/>		1. Urinalysis 2. Hb, Bloodcount, ESR 3. LFT, RFT, RBS 4. Drug Screen 5. Lipids (40 years +) 6. Sickle Cell test					<input checked="" type="checkbox"/>		7. Audiogram 8. Lung Function 9. Chest X-Ray 10. ECG 11. CVS risk for 40 yrs. & above 12. HIV, Hepatitis screening		
OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.) Borderline hypothyroidism											

ASSESSMENT:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

FIT

Date: 11/11/2009 Name (Block Capitals): Dr. / Nurse

CHIEMEKA

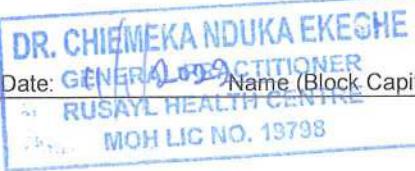
Signature: 

REVIEW/CONSULTATION

Low fat diet
Repeat Lipids 6 months.

CHIEMEKA

Signature: 



Date: Name (Block Capitals): Dr. / Nurse

