



مركز الرسيل الصحي RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

10452

INITIAL EXAMINATION REPORT (MEDICAL - CONFIDENTIAL) No. A 0605



RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname HALFAN

Forenames HANUT NASSER AL NAABP

Address

Place of examination BALIA

Date 11/10/2022

Home telephone number

If a dependant enter employee's name here:

Surname:

Forenames:

Birth date: 26/10/85

Nationality: OMANI

Country of birth: OMAN

Religion: ISLAM

☐ 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

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

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: 11/10/2022
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				
N	A							
✓		1. Eyes & Pupils		Pupils react equally to light				
✓		2. E.N.T.		No ear pain/discharge				
✓		3. Teeth & Mouth		Clinically clear				
✓		4. Lungs & Chest		1st and 2nd heart sound				
✓		5. Cardiovascular System						
✓		6. Abdo. Viscera		Unremarkable				
✓		7. Hernial Orifices						
✓		8. Anus & Rectum						
✓		9. Genito-urinary						
✓		10. Extremities		Symmetrical				
✓		11. Musculo-skeletal		No swelling/pain				
✓		12. Skin & Varicose Vns.		No Rash				
✓		13. C.N.S.		Well oriented				
HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE /mins.	HEARING L R	VISION DISTANT NEAR Uncorrected Corrected	Colour Vision	Blood Group
176	76	24	131 85	91	N N	6/6 6/6 6/6 6/6		
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS			N	A		
✓		1. Urinalysis	Total chd - 201↑ LDL - 136↑ Lymphocyte - 48↑ MCHC - 30↓			✓	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.)

Borderline Dyslipidemia

ASSESSMENT:

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

Date: 11/1/2022 Name (Block Capitals): Dr. / Nurse

CHIEMEKA

Signature:

REVIEW/CONSULTATION

Low fat diet
Repeat Lipids 6 months

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

Date: 11/1/2022 Name (Block Capitals): Dr. / Nurse

CHIEMEKA

Signature:

