


RUSAYL HEALTH CENTRE

ISO 9001-2015 Certified Co.

 PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Place of examination	26/03/2022	Surname	Ahmed Nanib Than, Bai & Nasib	
		Forenames		
		Address	Salalah.	
		Home telephone number	99154151	
		Forenames:	299 11D - 5668832	
Birth date:	15/02/1993	Nationality:	Oman	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced	Country of birth:	Religion:	
			<input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Number of children:

 Reason for examination Pre-Employment Job: Operator
Pre-Overseas Area: Trukh Oman / Nimir

 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.

26/03/2022

Date:

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											
	2. E.N.T.											
	3. Teeth & Mouth											
	4. Lungs & Chest											
	5. Cardiovascular System											
	6. Abdo. Viscera											
	7. Hernial Orifices											
	8. Anus & Rectum											
	9. Genito-urinary											
	10. Extremities											
	11. Musculo-skeletal											
	12. Skin & Varicose Vns.											
	13. C.N.S.											

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE /mins.	HEARING L R	VISION DISTANT Uncorrected Corrected	VISION NEAR R L	Colour Vision	Blood Group
180	134	41	126 / 86	84	Normal Normal	6/6 6/6	6/6 6/6	Normal	

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	

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

A 2nd issue on oral cavity,
Diet control, Regular exercise.

ASSESSMENT:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

DR. SANATH BUDDHIKA PRIYADARSHAN

GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE

26/03/2022

Date:

Name (Block Capitals): Dr. / Nurse

Signature:

REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr. / Nurse

Signature: