



# مركز الرسيل الصحي RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

INITIAL EXAMINATION REPORT (MEDICAL - CONFIDENTIAL) No. A

4084



## RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL  
DETAILS IN BLOCK CAPITALS

Place of examination: <u>Sahara Clinic</u>		Date: <u>26/03/2022</u>	Surname: <u>Ahmed Nabil Thani</u>	
If a dependant enter employee's name here: Surname:		Forenames: <u>Bait Nabil</u>		
Birth date: <u>15/02/1993</u>		Nationality: <u>Omani</u>	Country of birth:	
Relationship to employee: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Relationship to employee: <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter		Number of children:
Reason for examination: Pre-Employment <input checked="" type="checkbox"/> Job: <u>operator</u>		Pre-Overseas <input type="checkbox"/> Area: <u>Truck driver / driver</u>		
Name and address of family doctor		List your last 3 jobs		
		(1)		
		(2)		
Are you a Registered Disabled Person? (UK only) <input type="checkbox"/>		Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>		
DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)				
	Y	N		Y
1. Sinus trouble			21. Cancer	
2. Neck swelling/glands			22. Heart Disease	
3. Difficulty in vision			23. Rheumatic fever	
4. Any ear discharge			24. Abnormal heartbeat	
5. Asthma/bronchitis			25. High blood pressure	
6. Hayfever /other significant allergy			26. Stroke	
7. Any skin trouble			27. Serious chest pain	
8. Tuberculosis			28. Any blood disease	
9. Shortness of breath			29. Kidney disease	
10. Coughed/vomited blood			30. Blood in urine	
11. Severe abdominal pain			31. Diabetes	
12. Stomach ulcer			32. Headaches/migraine	
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/arm/pit				
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:



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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	HEARING	VISION	Colour Vision	Blood Group
180	132	41	126 86	84 /mins.	L Normal R Normal	DISTANT R L Uncorrected Corrected	NEAR R L 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. Sickie Cell test				12. HIV, Hepatitis screening

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

Advice on chronic medication,  
diet control, regular exercise.

## ASSESSMENT:

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

DR. SANATH BUDDHIKA PRIYADARSHAN  
GENERAL PRACTITIONER  
RUSAYL HEALTH CENTRE

Date: 26/03/2022 Name (Block Capitals): Dr. / Nurse

Signature:

## REVIEW/CONSULTATION

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

Signature: