



مرکز الرسیل الصحي RUSAYL HEALTH CENTRE

ISO 9001 - 2015 Certified Co.

INITIAL EXAMINATION REPORT (MEDICAL - CONFIDENTIAL) No. A

4149



RUSAYL HEALTH CENTRE

ISO 9001 - 2015 Certified Co.

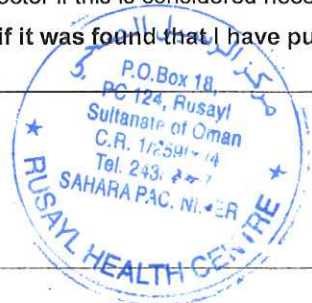
PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Place of examination: <u>Sahara Clinic</u>		Date: <u>16/06/2022</u>	Surname: <u>HASSAN AHMED BARAKAT</u>
If a dependant enter employee's name here: Surname: <u>399 / ID - 11554972</u>		Forenames: <u>Salalah</u>	
Birth date: <u>28/09/1983</u>	Nationality: <u>Oman</u>	Country of birth: <u>Oman</u>	Religion:
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated / Divorced	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>HDD</u> Pre-Overseas <input type="checkbox"/> Area: <u>Truck owner / Nimy</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	
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/armpit			
How much tobacco each day? <u> </u>		Average daily alcohol consumption <u> </u>	
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.

Date: 16/06/2022 Signature of Applicant: [Signature]





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
175	107	35	130 90	80/min.	L NRM R NRM	DISTANT R L Uncorrected Corrected	NEAR R L Uncorrected Corrected	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.)

A2 rise 204 cretine relaxation

ASSESSMENT:

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

DR. SANATH BUDDHAKA PRITADARSHAN
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 16042

Date: 16/06/2022 Name (Block Capitals): Dr. / Nurse

Signature:

REVIEW/CONSULTATION

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

Signature:

