



RUSAYL HEALTH CENTRE

ISO 9001-2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Place of examination <i>Sahara Clinic</i>		Date <i>16/06/2022</i>	Surname <i>Hassan Ahmed Barakat</i>																																																																					
If a dependant enter employee's name here:		Forenames <i>Salalah</i>	Address <i>Sahara</i>																																																																					
Surname: <i>39y</i>		Home telephone number <i>71262929</i>	Forenames: <i>39y / ID - 11554972</i>																																																																					
Birth date: <i>28/09/1983</i> Nationality: <i>Oman</i>		Country of birth: <i>Oman</i>	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																																																																					
Reason for examination Pre-Employment		<input checked="" type="checkbox"/> Job: <i>HD</i> <input type="checkbox"/> Pre-Overseas Area: <i>Trukhoush / Nizwa</i>																																																																						
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.)																																																																								
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How much tobacco each day? <i>1</i>		Average daily alcohol consumption <i>1</i>																																																																						
Have you ever taken elicited drugs? ( ) PDO test all new/potential employees for elicited/recreational drugs																																																																								
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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.																																																																								
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Date: <i>16/06/2022</i>		Signature of Applicant:																																																																						
<p>P.O.Box 18, PC 124, Rusayl Sultanate of Oman C.R. 1/2591/14 Tel. 243, 247 SAHARA PAC. N.I. 247 RUSAYL HEALTH CENTRE</p>																																																																								

**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		NAD							
		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 175		WEIGHT kg 107	BMI 35	B.P. 130 90	PULSE 80/mins.	HEARING L N/A R N/A Uncorrected Corrected	VISION DISTANT R 6/6 L 6/6	NEAR R 6/6 L 6/6	Colour Vision Normal	Blood Group	
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 25 year old man with a history of hypertension, diabetes, and hyperlipidemia. He is currently on treatment for these conditions. He is currently asymptomatic and has no active medical problems.											
ASSESSMENT:											
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## ASSESSMENT:

FIT ALL AREAS

Dr. SANATH BUDDHRAT PRASADACHAN  
GENERAL PRACTITIONER  
RUSAYL HEALTH CENTRE  
MOH LIC. NO. 16042  
(Dr. Sanath Buddhrat Prasadachan)

TEMPORARY UNFIT  UNFIT

Signature:

## REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr. / Nurse

Signature:

