



مركز الرعاية الصحية
RUSAYL HEALTH CENTRE
SAHARA - PAC / RS - PAC

INITIAL EXAMINATION REPORT

Surname KHALID MOHAMMED SALIM	
Forenames AL SHIBANI	
Address TRUCKMAN STAFF 10001	
Place of examination MARMUL	Date 21/11/18 Phone 92265564 ID 10776281
Home Telephone number	

If a dependant or fancee entr employees name jere :-

Surname :

Forenames:

Nationality OMANI		Country of birth OMAN	Religion ISLAM
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Widow(er)	Relationship to employee		Number of Children
<input type="checkbox"/> Female <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced Separated	<input type="checkbox"/> 1 Wife <input type="checkbox"/> 1 Son <input checked="" type="checkbox"/> 3 Daughter <input type="checkbox"/> Fiancee	4	

Reason for examination ☐ Pre-employmentJob :- **SUPERVISOR****PDD Medical**☐ Pre-overseas

Area:-

Name and address of family doctor	List your last 3 jobs
	(1)
	(2)
	(3)

Are you Registered Disabled Person? (UK ☐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. Sirius rouble			22. Heart Disease			42. Awarded benifities for Industrial injury/illness		
2. Neck swellings/flands			23. Rheumatic Fever			43. Treated for a mental condition. eg . depression		
3. Difficulty in vision			24. Abnormal heartbeat			44. Treated for problem drinking or drug abuse		
4. Any ear discharge			25. High blood pressure			45. Exposed to toxic substance or noise		
5. Asthma/bronchitis			26. Stroke			FOR WOMEN ONLY		
6. Hayfever/other allergy			27. Serious chest pain			Have you aver had:-		
7. Any skin trouble			28. Any blood disease			46. An abnormal smear		
8. Tuberculosis			29. Kidney disease			47. Any gynaecological treatment		
9. Shortness of breath			30. Painful passage of urine			48. Are you pregnant?		
10. Coughed/vomited blood			31. Blood in urine			49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE ?		
11. Severe abdominal pain			32. Diabetes					
12. Stomach ulcer			33. Headaches /migraine					
13. Recurrent indigestion			34. Dizziness/tainting					
14. Jaundice or hepatitis			35. Epilepsy					
15. Gall bladder disease			36. Joints/spinal trouble					
16. Marked change in bowel habits			37. Surgical operation					
17. Blood in stools (motions)			38. Serious accident /tracture					
18. Marked change in weight			39. Tropical disease					
19. Varicose veins			40. Fear of heights					
20. Lump in breast/armpit			HAVE YOU EVER BEEN:-					
21. Cancer			41. Rejected for employment or insurance for medical reasons					

How much tabacco each day ?

Average daily alcohol consupion

Family history	Diabetes <input checked="" type="checkbox"/>	Tuberculosis <input checked="" type="checkbox"/>	Epilepsy <input checked="" type="checkbox"/>	Asthama <input checked="" type="checkbox"/>	Eczerna <input checked="" type="checkbox"/>
	Heart disease <input checked="" type="checkbox"/>	High blood pressure <input checked="" type="checkbox"/>	Stroke <input checked="" type="checkbox"/>	Cancer <input checked="" type="checkbox"/>	Blood disease <input checked="" type="checkbox"/>

PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT :-

I declare these statements to be true to the best of my knowledge and belief and I agree that the result of this medical 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.

Date **21-11-2018** Signature of applicant

FOR COMPLETION BY EXAMINING DOCTOR OR SISTER
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. Muscula-skeletal							
		12. Skin & Varicose Vns.							
		13. C.N.S.							
		14. Breasts							
		15.							

HEIGHT cm	WEIGHT kg	B.P.	HEARING	HEARING	VISION:	DISTANT	NEAR	COLOUR VISION	BLOOD GROUP
163	107	120/80	L R	L ✓ R	Uncorrected Corrected	6/6 6/6	6/6 6/6	Normal	-

N		A		LABORATORY AND SPECIAL INVESTIGATIONS		N		A	
		1. Urinalysis		BMI - 40				6. Audiogram	
		2. Hb Bloodcount ESR						7. Lung Function	
		3. Sarum Profile						8. Chest X-Ray	
		4. Stool						9. Drug Screen	
		5. E.C.G.						10. CR Screen	

OTHER FINDINGS (physique, scars, disabilities, mental stability etc.)

Advised to reduce weight by strict diet plan and doing exercise regularly. Also to reduce Triglyceride level by strict diet control and F/o after 1 month

ASSESSMENT

☒ FIT ALL AREAS ☐ FIT HOME SERVICES ONLY ☐ UNFIT/UNSUITABLE ☐ MAY BE REASSESSED

Date 21-11-2018

Dr. Muhammad Shahid
Signature
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 16182

1/20990/4: س.ت.
C.R. No.: 1/25995/4
Name (Block Capitals)
P.C.: 124, Rusayl
Sultanate of Oman
RUSAYL HEALTH CENTRE

Doctor / Sister

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor / Sister