#1302

DOB 20/01/1971 Civil- 70108638

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

مركز الرسيل الصحي
RUSAYL HEALTH CENTRE
NIMR, FAHUD, QARNALAM, BHAJA, SAIHRIWAL, MARMUL

INITIAL EXAMINATION REPORT

Surname	VILAKKATHALA VALAPPIL SANKARAN
Forenames	ARJUNAN
Address	TRICHUR OMAN
	Staff 70108638
Home Telephone number	99576369

Place of examination: RS PAC CLINIC BAHJA Date: 28 / 04 /19

If a dependant or fancee entr employees name jere :-

Surname : Forenames:

	Naticnality INDIAN	Country of birth INDIA	Religion HINDUISM

☑ Male	☐ Single	☐ Widow(er)	Relationship to employee: ☑ Wife, 1 Son, 1 Daughter, ☐ Fiancee
☐ Female	☑ Married	☐ Divorced Separated	Number of Children: 2

Reason for examination: ☑ Pre-employment ☐ Pre-overseas Job :- OPERATOR Area:- BAHJA

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 (?) It uncerlain exclude minor ailmenis.)

	Y	N
1. Sirius rouble		✓
2. Neck swellings/flands		✓
3. Difficulty in vision		✓
4. Any ear discharge		✓
5. Asthma/bronchitis		✓
6. Hayfever/other allergy		✓
7. Any skin trouble		✓
8. Tuberculosis		✓
9. Shortness of breath		✓
10. Coughed/vomited blood		✓
11. Severe abdominal pain		✓
12. Stomach ulcer		✓
13. Recurrent indigestion		✓
14. Jaundice or hepatitis		✓
15. Gall bladder disease		✓
16. Marked change in bowel habits		✓
17. Blood in stools (motions)		✓
18. Marked change in weight		✓
19. Varicose veins		✓
20. Lump in breast/armpit		✓
21. Cancer		✓

	Y	N
22. Heart Disease		✓
23. Rheumatic Fever		✓
24. Abnormal heartbeat		✓
25. High blood pressure		✓
26. Stroke		✓
27. Serious chest pain		✓
28. Any blood disease		✓
29. Kidney disease		✓
30. Painful passage of urine		✓
31. Blood in urine		✓
32. Diabetes		✓
33. Headaches /migraine		✓
34. Dizziness/tainting		✓
35. Epilepsy		✓
36. Joints/spinal trouble		✓
37. Surgical operation		✓
38. Serious accident /tracture		✓
39. Tropical disease		✓
40. Fear of heights		✓
HAVE YOU EVER BEEN:- 41. Rejected for employment or insurance for medical reasons		✓

	Y	N
42. Awarded benifities for Industrial injury/lilness		✓
43. Treated for a mental condition. eg . depression		✓
44. Treated for problem drinking or drug abuse		✓
45. Exposed to toxic substance or noise		✓
FOR WOMEN ONLY Have you aver had:-		
46. An abnormal smear		
47. Any gynaecological treatment		
48. Are you pregnant?		
49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE ?		

How much tabacco each day ? Non-Smoker Average daily alcohol consuption

Family history: Diabetes ☒ Tuberculosis ☒ Epilepsy ☒ Asthama ☒ Eczerna ☒ Heart disease ☒ High blood pressure ☒ Stroke ☒ Cancer ☒ Blood disease ☒

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 28-04-19 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		BMI- 22.9 kg/m²
✓		1. Eyes & Pupils	HR- 84 b/min
✓		2. E.N.T.	
✓		3. Teeth & Mouth	
✓		4. Lungs & Chest	
✓		5. Cardiovascular System	
✓		6. Abdo. Viscera	
✓		7. Hermial Orifices	
✓		8. Anus & Recturn	
✓		9. Genito - urinary	
✓		10. Extremities	
✓		11. Muscula-skeletal	
✓		12. Skin & Varicose Vns.	
✓		13. C.N.S.	
✓		14. Breasts	
		15.	

RUSAYL HEALTH CENTRE
C.R. No.: 1/2599844
P.O. Box : 10
P.C.: 124, Rusayl
Sultanate of Oman

HEIGHT cm	WEIGHT kg	B.P.	HEARING	HEARING	VISION:	DISTANT		NEAR		COLOUR VISION	BLOOD GROUP
						R	L	R	L		
169	65.3	131/84	L (A)	L	Uncorrected	(N)	(N)	(N)	(N)		
			R (A)	R	Corrected						

N	A		LABORATORY AND SPECIAL INVESTIGATIONS	N	A	
✓		1. Urimalysis	FBS- 201 mg/dl			6. Audiogram
✓		2. Hb Bloodcount ESR	TC- 216 mg/dl			7. Lung Function
	✓	3. Sarum Profile	LDL- 139.97 mg/dl			8. Chest X-Ray
		4. Stool	HDL- 38.61 mg/dl			9. Drug Screen
✓		5. E.C.G.				10. CR Screen

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

BMI- 22.9 kg/m²

Repeat FBS- 215 mg/dl
Rx: T. Glyzide 80mg 1-0-0 (BF)

Advt
1. Repeat FBS to exclude DM
2. Regular exercise
3. Take plenty of fruits, vegetables & fish oil

ASSESSMENT

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

Date 29.01.19 Signature DR. HASAN MAHBUB KHAN BAYZID MEDICAL OFFICER RUSAYL HEALTH CENTRE MOH LIC NO. 15691 Name (Block Capitals) Doctor / Sister

REVIEW/CONSULTATION

Date Signature Name (Block Capitals) Doctor / Sister