

8148

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



مركز الرعاية الصحية
RUSAYL HEALTH CENTRE
RENAISSANCE VILLAGE DUQM

INITIAL EXAMINATION REPORT

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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 25.06.2019	Signature of applicant																																																																																																																																																																						

FOR COMPLETION BY EXAMINING DOCTOR OR SISTER
FURTHER DETAILS OF MEDICAL HISTORY AND RECREATIONAL ACTIVITIES

Total Fair
Age: 27 years

N - Normal A - Abnormal Please Describe				PHYSICAL EXAMINATION																																																																																				
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OTHER FINDINGS (physique, scars, disabilities, mental stability etc.)

1 NAD

ASSESSMENT

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

Date 25.06.2019

Signature

[Signature]

DR. MD. MONIRUL AZIM
Name (Block Capitals)

Doctor / Sister

REVIEW/CONSULTATION

DR. MD MONIRUL AZIM
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 14866

Date

Signature

Name (Block Capitals)

Doctor / Sister