

#1323

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



مركز الرعاية الصحية  
RUSAYL HEALTH CENTRE  
NIMR, FAHJUD, QARNALAH, BHAJA, SAHRIWAL, KARKUL

## INITIAL EXAMINATION REPORT

Surname <b>GATULAM HATDER</b>																																																																																																																																																																				
Forenames <b>NOOR KHAN</b>																																																																																																																																																																				
Address <b>TRULKOMAN (STAFF-1323)</b>																																																																																																																																																																				
Place of examination <b>RS PAC CLINIC, BAHJA</b>	DOB <b>15/06/1967</b> CIVIL-79145806																																																																																																																																																																			
Date <b>04/09/19</b>	Home Telephone number <b>98281953</b>																																																																																																																																																																			
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Religion <b>ISLAM</b>																																																																																																																																																																				
<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Single <input type="checkbox"/> Widow(er) <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced Separated	Relationship to employee <input checked="" type="checkbox"/> Wife <input type="checkbox"/> 1 Son <input type="checkbox"/> Daughter <input type="checkbox"/> Fiancee																																																																																																																																																																			
Reason for examination <input checked="" type="checkbox"/> Pre-employment <input type="checkbox"/> Pre-overseas	Number of Children <b>1</b>																																																																																																																																																																			
Job :- <b>DRIVER (HEAVY)</b>	Area :- <b>BAHJA</b>																																																																																																																																																																			
Name and address of family doctor	List your last 3 jobs																																																																																																																																																																			
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	(3)																																																																																																																																																																			
Are you Registered Disabled Person? (UK) <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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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 <b>04-09-19</b>	Signature of applicant																																																																																																																																																																			

سلطنة عمان

RUSAYL HEALTH CENTRE

P.O. Box : 18

R.C. : 124, Rusayl

Sultanate of Oman

BME - 28.1 kg/m<sup>3</sup>

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

• 10 years or more is 33.2%. Therefore, this person needs to be evaluated by the cardiologist to assess his cardiac fitness related to work.

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

Date 04-09-19

**Signature**

DR. HASAN MAHBUB KHAN BAYZID  
Name (Block Capitals)  
MEDICAL OFFICER  
RUSAYI HEALTH CENTRE  
MOH LIC NO. 15691

**Doctor / Sister**

## REVIEW/CONSULTATION

08.09.19  
Date

Signature

DR. HASAN MAHSUD KHAN DENTIST  
MEDICAL OFFICER  
RUSAYL HEALTH CENTRE  
MON LIC NO. 15591

Doctor / Sister : س.ب  
C.R. No.: 12599514  
★ P.O. Box : 18  
P.C.: 124, Rusayl  
Sultanate of Oman