8144

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

مركز الرسيل الصحي
RUSAYL HEALTH CENTRE
NIMR, FAHUD, GARNALAM, BHAJA, SAIHRAWAL, MARYUL

INITIAL EXAMINATION REPORT

Surname AHMED MOOSA JAMIL AL BREIKI

Forenames

Address Ibra Oman Civil: 15308619

Place of examination MOKMUL Date 14/11/18

Home Telephone number: 96776063

If a dependant or fancee entr employees name jere :-

Surname : Forenames:

Naticnality	Country of birth	Religion
OMANI	OMAN	MUSLIM

[✓] Male [ ] Female	[ ] Single [✓] Married	[ ] Widow(er) [ ] Divorced Separated	Relationship to employee: [1] Wife [2] Son [1] Daughter [ ] Fiancee	Number of Children: 3

Reason for examination [ ] Pre-employment [ ] Pre-overseas Job :- 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 (?) 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 ?		

NO

How much tabacco each day ? No Average daily alcohol consuption No

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 14/11/18 Signature of applicant

RUSAYL HEALTH CENTRE

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. Hermial Orifices	
✓		8. Anus & Recturn	
✓		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 R / L	NEAR R / L	COLOUR VISION	BLOOD GROUP
175	89	120/80	L	L	Uncorrected	6 / 6	6 / 6	Clear	—
			R	R	Corrected				

N	A		LABORATORY AND SPECIAL INVESTIGATIONS	N	A	
✓		1. Urimalysis				6. Audiogram
✓		2. Hb Bloodcount ESR				7. Lung Function
✓		3. Sarum Profile	Rm ℓ = 29.06			8. Chest X-Ray
✓		4. Stool				9. Drug Screen
✓		5. E.C.G.				10. CR Screen

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

ASSESSMENT

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

Date 14/11/19 Signature Dr. Muhammad Shahid MEDICAL OFFICER RUSAYL HEALTH CENTRE MOH LIC NO. 16182 Name (Block Capitals) Doctor / Sister

مركز الرسيل الصحي RUSAYL HEALTH CENTRE C.R. No.: 1/2599/4 P.O. Box: 124, Rusayl P.C.: Sultanate of Oman

REVIEW/CONSULTATION

Date Signature Name (Block Capitals) Doctor / Sister