Aster HOSPITAL
We'll Treat You Well

ASTER DM HEALTHCARE

مستشفى أستر
نحن نعتني بك دائما

Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Surname	THOTTI
Forenames	ASHRAF
Address:	IBRI
Home telephone number	

Place of examination: Aster Hospital,Ibri	**Date:** 21/2/2024		
If a dependant enter employee's name here:		**Project:**	
Birth date: 30/6/1959	**Nationality:** Indian	**Country of birth:**	**Religion:**
☑ Male ☐ Female	☑ Married ☐ Single ☐ Separated /Divorced	**Relationship to employee** ☐ Wife ☐ Son ☐ Daughter	Number of children:
Reason for examination	Pre-Employment ☐ Job:		
	Pre-Overseas ☐ Area:		
Name and address of family doctor		List your last 3 jobs	
		(1)	
Are you a Registered Disabled Person? (UK only) ☐		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. Sinus trouble		✓	21. Cancer		✓	**HAVE YOU EVER BEEN:-**		
2. Neck swelling/glands		✓	22. Heart Disease		✓	40. Rejected for employment or insurance for medical reasons		✓
3. Difficulty in vision		✓	23. Rheumatic fever		✓	41. Awarded benefits for industrial injury/illness		✓
4. Any ear discharge		✓	24. Abnormal heartbeat		✓	42. Treated for a mental condition, e.g. depression		✓
5. Asthma/bronchitis		✓	25. High blood pressure	✓		43. Treated for problem drinking or drug abuse		✓
6. Hayfever /other significant allergy		✓	26. Stroke		✓	44. Exposed to toxic substance or noise		✓
7. Any skin trouble		✓	27. Serious chest pain		✓	**FOR WOMEN ONLY**		
8. Tuberculosis		✓	28. Any blood disease		✓	Have you ever had:-		
9. Shortness of breath		✓	29. Kidney disease		✓	45. An abnormal smear		
10. Coughed/vomited blood		✓	30. Blood in urine		✓	46. Any gynaecological treatment		
11. Severe abdominal pain		✓	31. Diabetes	✓		47. Are you pregnant?		
12. Stomach ulcer		✓	32. Headaches/migraine		✓	48. **Have you had an illness not mentioned above**		
13. Recurrent indigestion		✓	33. Dizziness/fainting		✓			
14. Jaundice or hepatitis		✓	34. Epilepsy		✓			
15. Gall Bladder disease		✓	35. Joints/spinal trouble		✓			
16. Marked change in bowel habits		✓	36. Surgical operation		✓			
17. Blood in stools (motions)		✓	37. Serious accident/fracture		✓			
18. Marked change in weight		✓	38. Tropical disease		✓			
19. Varicose veins		✓	39. Fear of heights		✓			
20. Lump in breast/armpit		✓						

How much tobacco each day? | Average daily alcohol consumption

Have you ever taken elicited drugs? ( ) PDO test all new/potential employees for elicited/recreational drugs

FAMILY HISTORY: Diabetes ( ) Tuberculosis ( ) Epilepsy ( ) Asthma ( ) Eczema ( )
Heart disease ( ) High blood pressure ( ) Stroke ( ) Blood Disease ( ) Cancer ( )

PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:-
I declared these statements to be true to the best of my knowledge and belief and I agree that the result of this medical examination 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. **I am also aware that PDO reserve the right to dismiss me if it was found that I have purposely withheld important medical information.**

Date: 21/02/2024 **Signature of Applicant:**

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ص.ب: ٤٠٠، الرمز البريدي: ٥١١
عبري، سلطنة عمان
هاتف: ٢٥٦٨٨٠٧٥ +٩٦٨
فاكس: ٢٥٦٨٨٠٢٥ +٩٦٨
نقال: ٩١٣٩٩٠٧٣/٧١٥٥٩٩٧٧ +٩٦٨

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مستشفى آستر
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ASTER DM HEALTHCARE

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

N = Normal A = Abnormal (please describe)			PHYSICAL EXAMINATION
N	A		
		1. Eyes & Pupils	WNL
		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. Musculo-skeletal	
		12. Skin & Varicose Vns.	
		13. C.N.S.	

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION					Colour Vision	Blood Group
							DISTANT		NEAR			
							R	L	R	L		
167 cm	76 kg	27.3	150/90	72/mins.	L R	Uncorrected	6/6	6/6				
						Corrected						

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
	✓	1. Urinalysis		✓		7. Audiogram
✓		2. Hb, Bloodcount, ESR				8. Lung Function
	✓	3. LFT, RFT, RBS		✓		9. Chest X-Ray
		4. Drug Screen		✓		10. ECG
✓		5. Lipids (40 years +)				11. CVS risk for 40 yrs. & above
✓		6. Sickle Cell test				12. HIV, Hepatitis screening

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)
Type 2 DM TAB METFORMIN 500mg 1-0-0 x 10 AF
Hypertension. TAB AMLODEPINE 5mg 1-0-0 x 10 AF
REVIEW After 5 day for Blood pressure monitoring & Blood sugar monitoring

ASSESSMENT:

☑ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT

Date: 22/2/21 Name (Block Capitals): Dr. DR. RAEST Signature:

REVIEW/CONSULTATION

T2DM / HTN / DLP.
Plan fit for arrival
Tab Metform 500mg 1-0-1
Tab Amlodipine 10mg 1-0-0
Rosulas 10mg 0-0-1
only 1 Malburh
follow up

Date: Name (Block Capitals): Dr. Signature:

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A Unit of DM Healthcare LLC

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وحدة من مجموعة د.موبين للرعاية الصحيه