

10-899 05925

INITIAL EXAMINATION REPORT



**AL MASSARAAT
MEDICAL CENTRE**

Surname IKHRAMULLAHForenames HASHIM KHAN.Address 1/OMAN - 1429Place of examination NIMR Date 18/27/12/12Home telephone number 93507991Date of birth: 18/12/2014 01/01/1983Country of birth PAKISTANSex: Male FemaleNationality: PAKISTANIReligion: ISLAMMARITAL STATUS Married

Single

Widow (er)

Divorced

No. of children: 2Sons: 1Daughters: 1

REASON FOR EXAMINATION

Pre-employment

Job: MECHANIC

Pre-overseas

Area: NIMR

Name and address of family doctor

List your last 3 jobs

(1) MECHANIC

(2)

(3)

Previous Medical History

Are you a Registered Disabled Person? [N]Do you belong to any Medical Insurance Scheme? [Y]

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
Sinus trouble		✓	Marked change in bowel habits		✓	Diabetes		✓
Neck swelling/glands		✓	Blood in stools (motions)		✓	Headaches or migraines		✓
Deficiency in vision		✓	Marked change in weight		✓	Dizziness/fainting		✓
Any ear discharge		✓	Varicose veins		✓	Epilepsy		✓
Asthma/bronchitis		✓	Cancer		✓	Joints/spinal trouble		✓
Hay fever / other allergy		✓	Heart Disease		✓	Serious accident / fracture		✓
Any skin trouble		✓	Rheumatic Fever		✓	Surgical operation		✓
Tuberculosis		✓	Abnormal heartbeat		✓	Tropical disease		✓
Shortness of breath		✓	High blood pressure		✓	Fear of heights		✓
Coughed/vomited blood		✓	Stroke		✓	FOR WOMEN ONLY		✓
Severe abdominal pain		✓	Serious chest pain		✓	Are you pregnant		✓
Stomach ulcer		✓	Any blood disease		✓	Have you ever had:-		✓
Recurrent indigestion		✓	Kidney disease		✓	An abnormal smear		✓
Jaundice or hepatitis		✓	Painful passage of urine		✓	Gynaecological treatment		✓
Gall Bladder disease		✓	Blood in urine		✓	Lump in breast/areola		✓

Have ever you been exposed to toxic substance or noise

NO

Treated for problem drinking or drug abuse

NO

Treated for a mental condition, e.g. Depression

NO

Awarded benefits for industrial injury or illness

NO

Have you ever been rejected for employment or insurance for medical reasons

NO

Have you had an illness not mentioned above

NO

How much tobacco do you consume each day

NIL

Average daily alcohol consumption

NIL

FAMILY HISTORY

Diabetes [N]Tuberculosis [N]Epilepsy [N]Asthma [N]Eczema [N]Heart disease [N]High blood pressure [N]Stroke [N]Cancer [N]Blood Disease [N]

I declare 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 the examining medical officer considers this necessary.

27/12/2020

AKR

N = Normal A = Abnormal		PHYSICAL EXAMINATION									
N	A										
✓		Eyes & Pupils									
✓		E.N.T.									
✓		Teeth & Mouth									
✓		Lungs & Chest									
✓		Cardiovascular System									
✓		Abdo. Viscera									
✓		Hernial Orifices									
✓		Anus & Rectum									
✓		Genito-urinary									
✓		Extremities									
✓		Musculo-skeletal									
✓		Skin & Varicose Vns.									
✓		C.N.S									

RS PAC

AL MASSARAAT MEDICAL CENTRE

NMR

Height cm	Weight kg	BMI	B.P.	Pulse	Hearing L ✓ R ✓	Vision Uncorrected Corrected	Distance R L 6/6 6/6	Near R L +	Colour Vision	Blood Group
163	65 kg	24.52	110/70	76						

N A		LABORATORY AND SPECIAL INVESTIGATIONS				N A	
✓		Urinalysis					
✓		Hb					
		ESR					
✓		Serum Profile					
		Stool					
		Audiogram					

Normal

Hb = 12.9

RBS = 85.14

Lung Function

Chest X-Ray

Drug Screen

Others

CR Screen

RS PAC
AL MASSARAAT MEDICAL CENTRE
NIMR

FIT FOR DUTY

<input checked="" type="checkbox"/>	FIT ALL AREAS	<input type="checkbox"/>	FIT HOME SERVICE ONLY	<input type="checkbox"/>	UNFIT/UNSUITABLE	<input type="checkbox"/>	MAY BE REASSESSED
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Date 27.12.12 Signature

Name (Block Letters)

DR. JOHN GÓMEZ
REG. NO. 1130

REVIEW/CONSULTATION

Date _____

Signature

Name (Block Letters)