#1466

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

مركز الرسيل الصحي
RHC RUSAYL HEALTH CENTRE
NIMR, FAHUD, QARNALAM, BHAJA, SAIHRIWAL, KARKUL

INITIAL EXAMINATION REPORT

Surname	Muhammad Gulistan malik
Forenames	DOB - 1-2-73 Noor. Zaman
Address	CN - 87355497
	Truck - Oman, Haima
Home Telephone number	93268586

Place of examination: Behja Date: 6-3-19

If a dependant or fancee entr employees name jere :-

Surname : Forenames:

Naticnality	Country of birth	Religion
Omani	Oman	Islam

☑ Male	☐ Single	☐ Widow(er)	Relationship to employee	☑ Wife	☑ Son	☑ Daughter	☐ Fiancee	Number of Children: 4
☐ Female	☑ Married	☐ Divorced Separated						

Reason for examination: ☐ Pre-employment ☐ Pre-overseas Job :- DRIVER

POO medical Area:- Haima.

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		٩
2. Neck swellings/flands		٢
3. Difficulty in vision		٣
4. Any ear discharge		٤
5. Asthma/bronchitis		٥
6. Hayfever/other allergy		٦
7. Any skin trouble		٧
8. Tuberculosis		٨
9. Shortness of breath		٩
10. Coughed/vomited blood		١٠
11. Severe abdominal pain		١١
12. Stomach ulcer		١٢
13. Recurrent indigestion		١٣
14. Jaundice or hepatitis		١٤
15. Gall bladder disease		١٥
16. Marked change in bowel habits		١٦
17. Blood in stools (motions)		١٧
18. Marked change in weight		١٨
19. Varicose veins		١٩
20. Lump in breast/armpit		٢٠
21. Cancer		٢١

	Y	N
22. Heart Disease		٢٢
23. Rheumatic Fever		٢٣
24. Abnormal heartbeat		٢٤
25. High blood pressure		٢٥
26. Stroke		٢٦
27. Serious chest pain		٢٧
28. Any blood disease		٢٨
29. Kidney disease		٢٩
30. Painful passage of urine		٣٠
31. Blood in urine		٣١
32. Diabetes		٣٢
33. Headaches /migraine		٣٣
34. Dizziness/tainting		٣٤
35. Epilepsy		٣٥
36. Joints/spinal trouble		٣٦
37. Surgical operation		٣٧
38. Serious accident /tracture		٣٨
39. Tropical disease		٣٩
40. Fear of heights		٤٠
HAVE YOU EVER BEEN:- 41. Rejected for employment or insurance for medical reasons		٤١

	Y	N
42. Awarded benifities for Industrial injury/lilness		٤٢
43. Treated for a mental condition. eg . depression		٤٣
44. Treated for problem drinking or drug abuse		٤٤
45. Exposed to toxic substance or noise		٤٥
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 ?		

How much tabacco each day ? NA Average daily alcohol consuption NA

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 6-3-19 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	• Bmi : 32 kg/m²
✓		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 L	HEARING L	VISION:	DISTANT R L	NEAR R L	COLOUR VISION	BLOOD GROUP
175	98	128/80			Uncorrected				
			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				8. Chest X-Ray
		4. Stool				9. Drug Screen
✓		5. E.C.G.				10. CR Screen

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

• Bmi : Over weight

Adv :

• Avoid extra calories and fatty foods.
• Do regular physical exercise.

ASSESSMENT

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

Date 6-3-19 Signature

DR. MOHAMMAD MARUF FERDOUS
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 12930

Name (Block Capitals) Doctor / Sister

REVIEW/CONSULTATION

Date Signature Name (Block Capitals) Doctor / Sister

C.R. No.: 1/25995/4
P.O. Box : 18
P.C.: 124, Rusayl
Sultanate of Oman
RUSAYL HEALTH CENTRE