1482

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

مركز الرسيل الصحي
RHC RUSAYL HEALTH CENTRE
NIMR, FAHUD, QARNALAM, BHAJA, SAHRAWAL, MARMUL

INITIAL EXAMINATION REPORT

Surname AYYAMMANAKUDY KOCHUNNY

Forenames ABOOBAKER

Address TRUCKOTMAN

Place of examination RS PAC CLINIC BAHJA

Date 13/07/19

DOB: 01/01/1970, CIVIL-93813937, STAFF-1482

Home Telephone number 91478422

If a dependant or fancee entr employees name jere :-

Surname :

Forenames:

Naticnality INDIAN | Country of birth INDIA | Religion ISLAM

☑ Male ☐ Single ☐ Widow(er)
☐ Female ☑ Married ☐ Divorced Separated

Relationship to employee: ☑ Wife ☒ Son ☐ Daughter ☐ Fiancee

Number of Children: 3

Reason for examination: ☑ Pre-employment ☐ Pre-overseas

Job :- DRIVER (HEAVY)

Area:- BAHJA

مركز الرسيل الصحي
س.ت: ١/٢٥٩٩٥/٤
C.R. No.: 1/25995/4
P.O. Box : 18
P.C.: 124, Rusayl
Sultanate of Oman
RUSAYL HEALTH CENTRE

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 ?		

How much tabacco each day ? Non-smoker

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 13.07.19

Signature of applicant

Fitness to Work Certificate for drivers

Employee Data		Date 10.07.19
Name: ABOBAKER AYYAMMANAKUDY		Department/Company TRUCKMAN
I.D No. 938139 37	Age 49Y	Occupation DRIVER

Type of Medical Evaluation	Mark those applying √		
A5- HVD- Crane or forklift driving & all heavy vehicles	√	A7- Professional driving-light vehicles	

Health Advisor Statement: The above named person has been examined according to the statements laid down in "Protocols and Guidance Notes on the Medical Evaluation of Fitness to Work". At this time his/her fitness to work status for the above tasks is as follows:

Fit with no restrictions			√
Fit with following restriction(s)			
The employee is fit for above work but should avoid the following task(s)	*Temporary restriction*	*Permanent restriction*	
Work near moving machinery or sharp edges			
Operate Heavy motor vehicles, forklifts or heavy machinery			
Other (Specify)			
Temporary Unfit until			
Permanently Unfit			

Dr. Hasan — Name of health advisor — Signature — 10.07.19 — Date

DR. HASAN MAHBUB KHAN BAYZID
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 15691

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