

#10202

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



مركز راسيل الصحي
RUSAYL HEALTH CENTRE
NIMR, FAHUD, QARNALAH, BHAJA, SAIHRWAL, MARMUL

INITIAL EXAMINATION REPORT

Place of examination Date / /
Bahja 6-3-68

If a dependant or fiancee entr employees name jere :-

Surname :

Forenames:

		Nationality <u>Omani</u>	Country of birth <u>Oman</u>	Religion <u>Islam</u>
<input checked="" type="checkbox"/> Male	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Widow(er)	Relationship to employee	
<input type="checkbox"/> Female	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced Separated	<input type="checkbox"/> Wife	<input type="checkbox"/> Son
			<input type="checkbox"/> Daughter	<input checked="" type="checkbox"/> Fiancee
			Number of Children <u>1</u>	

Reason for examination Pre-employment Job :- operator
PDO medical Pre-overseas Area:- ha'ima.

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 uncertain exclude minor ailmenis.)

	Y	N		Y	N		Y	N
1. Sirius rouble		✓	22. Heart Disease		✓	42. Awarded benifits for Industrial injury/lilness		✓
2. Neck swellings/flands		✓	23. Rheumatic Fever		✓	43. Treated for a mental condition, eg . depression		✓
3. Difficulty in vision		✓	24. Abnormal heartbeat		✓	44. Treated for problem drinking or drug abuse		✓
4. Any ear discharge		✓	25. High blood pressure		✓	45. Exposed to toxic substance or noise		✓
5. Asthma/bronchitis		✓	26. Stroke		✓	FOR WOMEN ONLY		
6. Hayfever/other allergy		✓	27. Serious chest pain		✓	Have you ever had:-		
7. Any skin trouble		✓	28. Any blood disease		✓	46. An abnormal smear		
8. Tuberculosis		✓	29. Kidney disease		✓	47. Any gynaecological treatment		
9. Shortness of breath		✓	30. Painful passage of urine		✓	48. Are you pregnant?		
10. Coughed/vomited blood		✓	31. Blood in urine		✓	49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE ?		
11. Severe abdominal pain		✓	32. Diabetes		✓			
12. Stomach ulcer		✓	33. Headaches /migraine		✓			
13. Recurrent indigestion		✓	34. Dizziness/tainting		✓			
14. Jaundice or hepatitis		✓	35. Epilepsy		✓			
15. Gall bladder disease		✓	36. Joints/spinal trouble		✓			
16. Marked change in bowel habits		✓	37. Surgical operation		✓			
17. Blood in stools (motions)		✓	38. Serious accident /fracture		✓			
18. Marked change in weight		✓	39. Tropical disease		✓			
19. Varicose veins		✓	40. Fear of heights		✓			
20. Lump in breast/armpit		✓	HAVE YOU EVER BEEN:-					
21. Cancer		✓	41. Rejected for employment or insurance for medical reasons		✓			

How much tobacco each day?

3 8 + 1 day

Average daily alcohol consumption

N A .

Family history	Diabetes	<input checked="" type="checkbox"/>	Tuberculosis	<input checked="" type="checkbox"/>	Epilepsy	<input checked="" type="checkbox"/>	Asthma	<input checked="" type="checkbox"/>	Eczema	<input checked="" type="checkbox"/>	Cancer	<input checked="" type="checkbox"/>	Blood disease	<input checked="" type="checkbox"/>
	Heart disease	<input checked="" type="checkbox"/>	High blood pressure	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Stroke	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

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 8-3-19 Signature of applicant 

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 & Rectum
	9. Genito - urinary
	10. Extremities
	11. Muscula-skeletal
	12. Skin & Varicose Vns.
	13. C.N.S.
	14. Breasts
	15.

BMI : 24.1 kg/cm²

HEIGHT cm	WEIGHT kg	B.P. mm Hg	HEARING L R	HEARING L R	VISION: Uncorrected Corrected	DISTANT R L	NEAR R L	COLOUR VISION	BLOOD GROUP
168	68	118/68							

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 : Healthy wt.

ASSESSMENT

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

Date 6/3/19 Signature

DR. MOHAMMAD MARUF FERDOUS
MEDICAL OFFICER

Doctor / Sister

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor / Sister

