

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

#6023

D09  
31/03/1979  
CML-8535266  
RACمركز رعاية صحية  
RUSAYL HEALTH CENTRE  
SAHARA - PAC / RS - PAC

## INITIAL EXAMINATION REPORT

Place of examination RS PAC CLINIC BAHJA Date 09/04/19

Surname SALOM HAMOUD AL JABRE

Forenames SAFF

Address TRUCK OMAN

Staff-6023

Home Telephone number 92676164

If a dependant or fiancee entr employees name jere :-

Surname :

Forenames:

Nationality OMANI		Country of birth OMAN	Religion ISLAM	
<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Single	<input checked="" type="checkbox"/> Widow(er)	Relationship to employee <input checked="" type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input checked="" type="checkbox"/> Fiancee	Number of Children 4
<input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Divorced <input type="checkbox"/> Separated		

Reason for examination  Pre-employment  
 Pre-overseas

Job :- SUPERVISOR

Area:- BAHJA

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 benifities for Industrial injury/lillness		✓
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 aver 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 tabacco each day ? Non-smoker

Average daily alcohol consuption

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

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 09-04-19

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-30.6 kg/m<sup>2</sup>  
HR-74b/min



HEIGHT cm	WEIGHT kg	B.P.	HEARING L R	HEARING L R	VISION: Uncorrected Corrected	DISTANT R L	NEAR R L	COLOUR VISION	BLOOD GROUP
170	88.5	129/86							

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-30.6 kg/m<sup>2</sup>

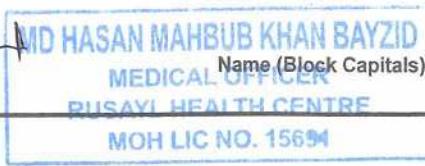
- Adv
1. Regular exercise
  2. Reduce weight
  3. Take plenty of fruit & vegetables & fibrofai
  4. Repeat R.P after 3 months

ASSESSMENT

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

Date 10-04-19

Signature



Doctor / Sister

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor / Sister