

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

#6023

DDB
31/03/1979
JML-853528

مركز الرعاية الصحية
RUSAYL HEALTH CENTRE
SAHARA - PAC / RS - PAC

INITIAL EXAMINATION REPORT

Place of examination **RS PAC CLINIC BAHJA** Date **09/04/19**
Surname **SALEM HAMOOD AL JABRE**
Forenames **SAFP**
Address **TRUCK OMAN**
St-ff-6023
Home Telephone number **92676164**

If a dependant or fancee entr employees name jere :-

Surname :

Forenames:

Nationality **OMANI** Country of birth **OMAN** Religion **ISLAM**

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

Relationship to employee
☒ Wife ☒ Son ☒ Daughter ☐ Fiancee

Number of Children **4**

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 (?) If uncertain exclude minor ailments.)

	Y	N		Y	N		Y	N
1. Sirius rouble		✓	22. Heart Disease		✓	42. Awarded benifities 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 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 /tracture		✓			
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 consupction

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 **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	<p>BMI - 30.6 kg/m² HR - 74 bpm</p> 									
✓										1. Eyes & Pupils	
✓										2. E.N.T.	
✓										3. Teeth & Mouth	
✓										4. Lungs & Chest	
✓										5. Cardiovascular System	
✓										6. Abdo. Viscera	
✓										7. Hernial Orifices	
✓										8. Anus & Rectum	
✓										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 R	VISION: Uncorrected	DISTANT R	DISTANT L	NEAR R	NEAR L	COLOUR VISION	BLOOD GROUP
170	88.5	129/86									
N	A	LABORATORY AND SPECIAL INVESTIGATIONS									
✓		1. Urinalysis	<p>TC - 241 mg/dl HDL - 37.65 mg/dl LDL - 143.54 mg/dl</p>								
✓		2. Hb Bloodcount ESR									
	✓	3. Sarum Profile									
		4. Stool									
✓		5. E.C.G.									
		6. Audiogram									
		7. Lung Function									
		8. Chest X-Ray									
		9. Drug Screen									
		10. CR Screen									

BMI - 30.6 kg/m²

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

- Adv
1. Regular exercise
 2. Reduce weight
 3. Take plenty of fruits & vegetables & fish oil
 4. Repeat RLP after 3 months

ASSESSMENT

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

Date 10.04.19

Signature

MD HASAN MAHBUB KHAN BAYZID
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 15694

Doctor / Sister

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor / Sister