1621

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

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

INITIAL EXAMINATION REPORT

Surname Mohammad Rubel Sheikh
Forenames DOB - 1-1-90
Address Ew - L08649332
Truck Oman Haima
Place of examination Bahja Date 25-03-19
Home Telephone number 96920395

If a dependant or fancee entr employees name jere :-
Surname : Forenames:

Naticnality Bangladeshi Country of birth Bangladesh Religion Islam.

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

Reason for examination PDO medical ☐ Pre-employment ☐ Pre-overseas
Job :- Rigger
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		Y	N		Y	N
1. Sirius rouble		✓	22. Heart Disease		✓	42. Awarded benifities for Industrial injury/Iilness		✓
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 Have you aver had:-		
6. Hayfever/other allergy		✓	27. Serious chest pain		✓	46. An abnormal smear		
7. Any skin trouble		✓	28. Any blood disease		✓	47. Any gynaecological treatment		
8. Tuberculosis		✓	29. Kidney disease		✓	48. Are you pregnant?		
9. Shortness of breath		✓	30. Painful passage of urine		✓	49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE ?		
10. Coughed/vomited blood		✓	31. Blood in urine		✓			
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:- 41. Rejected for employment or insurance for medical reasons		✓			
21. Cancer		✓						

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

Family history: Diabetes ✓ Tuberculosis ✓ Epilepsy ✓ Asthama ☐ Eczema ✓ 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 25-03-19 Signature of applicant [signature]

RUSAYL HEALTH CENTRE P.O. Box: 124 Rusayl Sultanate of Oman

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 = 22.8 kg/cm².
✓		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	HEARING	VISION:	DISTANT R | L	NEAR R | L	COLOUR VISION	BLOOD GROUP
170	66	119/80 mmHg	L ✓	L ✓	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: Healthy wt.

ASSESSMENT

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

Date 26-03-19 Signature

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

Name (Block Capitals) Doctor / Sister

REVIEW/CONSULTATION

RUSAYL HEALTH CENTRE
C.R. No.: 1/2599514
P.O. Box : 18
P.C.: 124, Rusayl
Sultanate of Oman

Date Signature Name (Block Capitals) Doctor / Sister