مركز بلاد السلام الطبي
Peace Land Medical Center
Peace Land
بلاد السلام

CLINIC ATTENDING FORM

Name of the Employee: Mohd Abu Sayed Age: 29 Years.

ID Number/ Employee Number: 6780 / 110363948 Phone No: 96640196

Name of the Company: Premier Logistics / TER Occupation: Helper

Supervisor Name: JC Kurlu. S Signature:

OMAN EQUIPMENT RENTAL L.L.C. P.O. Box: 367 MAF, P. Code 116 Sultanate of Oman

Reason For Attending the Clinic:

- ☑ Pre Employment Medical Check Up
- ○ Periodic Medical Check Up
- ○ Fitness For Work Assesment
- ○ GP Consultation
- ○ Others ....

The Above mentioned attended the clinic today and was given the following disposal.

a.) Fit for Work ....

b.) Light Duties for ....Days

c.) Sick Leave for ....Days

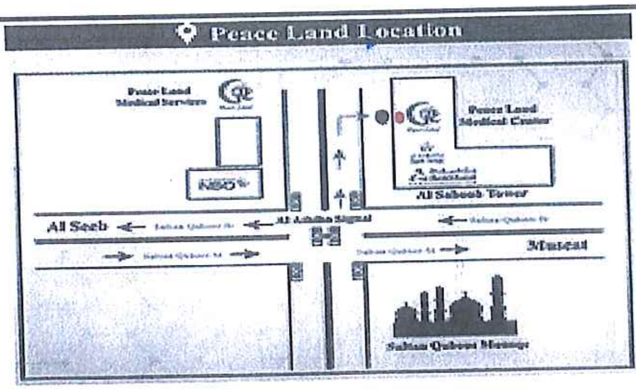
d.) Review clinic within ....Days

e.) Referred for further treatment:..
....

Signature of Doctor ______________________ Date: ______________

Clinic Timing: Sunday to Thursday
Morning 9.00 am to 1.00 pm
Evening 5.00 pm to 9.00 pm

Contact No: 99564976



ص.ب : ١٤٠٣، الرمزالبريدي : ١٣٣، دوار العذيبة ميثى ابراج الصحوة ميثى ٢، سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149 هاتف : ٢٤٦١٧١١٧ / ٢٤٦١٧١٤٨ / ٢٤٦١٧١٤٩