

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE  
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL  
DETAILS IN BLOCK CAPITALS

Mobile No: 99057916	Home/Leave Address: 2nd fl	Surname/Forenames: Dilbag Singh	
Personal Details: 45y		Nationality: Indian	
A <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced /Widow(er)	
Home/Leave Address:		Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	No of Children:
Reason for Examination (tick as appropriate)			
Periodic Medical Examination <input checked="" type="checkbox"/>		Final / Retirement <input type="checkbox"/>	Other Reason: <input type="checkbox"/>
Employee only			
B Present Job and Location: HOD		Next Job and Location: N. MR	
Are you a registered person with special needs? <input type="checkbox"/>		Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>	
Previous Medical History: All important medical events should be listed and dated at every medical examination. To be completed together with the interviewing Nurses or Doctor who will be able to help by referring to your notes.			
Please answer the following questions and tick 'N' (no) or 'Y' (yes) in the column. If 'Y' Please describe			
		N	Y
Have you, since your last medical been treated by your family doctor or specialist for significant (major) ailments?			
1	Ear, nose, eye or throat problems		
2	Chest problems like asthma, bronchitis, other bad cough		
3	Heart abnormality, chest pains		
4	Abdominal pains, abnormal bowel motions		
5	Urogenital problems (kidney disease, menstrual disorder)		
6	Skin trouble or allergies		
7	Epileptic fits, dizzy spells or migraine		
8	History of mental illness, depression anxiety		
9	Diabetes, thyroid disease		
10	Blood disorder e.g. anaemia, blood cancer e.g. leukaemia		
11	Any history of accidents or fractures		
12	Have you had any serious allergies		
13	Do any dependants have a significant ongoing illness?		
14	Any family history of cancers		
Do you take any regular medicines, or have you taken in the past?			
Do you smoke? If yes, what and how much each day?			
Do you drink alcohol? If yes, what is your average weekly intake?			
Have you ever taken elicited/recreational drugs?			
Are you doing regular sports or physical activities?		<input checked="" type="checkbox"/>	
STATEMENT: I have read the above questions and the above answers are correct and no information concerning my present or past state of health has been withheld. I understand and agree that this form will be held as a confidential record by PDO Medical Department, and may be copied (by paper or secure electronic transmission) to the Occupational Health Services for the purpose of Health Surveillance and other Occupational Health review.			
Date: 28/01/2023		Signature of Applicant: DIVYAGASNER	

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

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. Hernial Orifices
		8. Anus & Rectum
		9. Genito-urinary
		10. Extremities
		11. Musculo-skeletal
		12. Skin & Varicose Vns.
		13. C.N.S.

HEIGHT cm	WEIGHT kg	BMI	B.P.
187	96	27.5	124/86

PULSE

/mins.

HEARING

L R  
NORM NORM  
Uncorrected  
Corrected

DISTANT

R L

VISION

R L

6/6 6/6

LABORATORY AND OTHER  
SPECIAL INVESTIGATIONS

N

A

FC - 210

1. Urinalysis

2. Hb, Bloodcount, ESR

3. LFT, RFT, RBS

4. Drug Screen

5. Lipids (40 years +)

6. Sickle Cell test

7. Audiogram

8. Lung Function

9. Chest X-Ray

10. ECG

11. CVS risk for 40 yrs. & above

12. HIV, Hepatitis screening

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

A advise on overweight yes no. Yes no. Exercise  
Loose fat diet, Renin exercise

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS  FIT WITH RESTRICTION  TEMPORARY UNFIT  UNFIT

DR. SANATH BUDDHINA PRIYADARSHAN  
GENERAL PRACTITIONER  
RUSAYL HEALTH CENTRE

28/01/2023

Date:

Name (Block Capitals): Dr. / Nurse

Signature:

Dr. SANATH BUDDHINA PRIYADARSHAN  
GENERAL PRACTITIONER  
RUSAYL HEALTH CENTRE  
C.R. No.: 123456789  
P.O. Box: 123, P.O. 124, Rusayl  
Sultanate of Oman  
SAHARA NMR

Date:

Name (Block Capitals): Dr. / Nurse

Signature: