

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



Mobile No. 95641280 Home/Leave Address: AMIR MASOOD

Personal Details DOB: 15/12/99 Company Number: Reference Indicator: AGE: 41 yrs

A  Male  Female  Married  Single  Separated /Divorced /Widow(er)

Home/Leave Address: Relationship to employee No of Children: 4

Reason for Examination (tick as appropriate)

Periodic Medical Examination  Final / Retirement  Other Reason: ١٢٥٩٩٥/٤  
C.R. No.: 125995/4  
P.O. Box: 18  
P.C.: 124, Rusayl  
Sultanate of Oman

Employee only

B Present Job and Location: DARN RAN HOD Next Job and Location:

Are you a registered person with special needs?  Do you belong to any Medical Insurance Scheme?

**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.

|  |  | N | Y | Description              |
|--|--|---|---|--------------------------|
| 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  |  | / |   | DM                       |
| 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?  |  | / |   | Glemax 2mg : Simet 500mg |
| 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?   |  | / |   |                          |

**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: 25/12/80 Signature of Applicant: 

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            |                          |      |                      | PULSE    | HEARING | VISION          |               |  |  |  |
| /   |              | 1. Eyes & Pupils         |      |                      |          | L (N)   | DISTANT R L R L |               |  |  |  |
| /   |              | 2. E.N.T.                |      |                      |          | R       | Uncorrected 6/6 | Corrected 6/6 |  |  |  |
| /   |              | 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<br>cm                              | WEIGHT<br>kg | BMI                      | B.P. | 130<br>90            | 76/mins. |         |                 |               |  |  |  |
| 168.5                                     | 95           | 33.8                     |      |                      |          |         |                 |               |  |  |  |



| N | A | LABORATORY AND OTHER SPECIAL INVESTIGATIONS |  |  | N | A                                |
|---|---|---|--|--|---|----------------------------------|
| / |   | 1. Urinalysis Blurred                       |  |  |   | 7. Audiogram                     |
| / |   | 2. Hb, Bloodcount, ESR                      |  |  |   | 8. Lung Function                 |
| / | / | 3. LFT, RFT, RBS                            |  |  |   | 9. Chest X-Ray                   |
| / |   | 4. Drug Screen                              |  |  |   | 10. ECG                          |
| / |   | 5. Lipids (40 years +)                      |  |  |   | 11. CVS risk for 40 yrs. & above |
| / |   | 6. Sickle Cell test                         |  |  |   | 12. HIV, Hepatitis screening     |

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

Diary of lifestyle changes advised; To start 2wmp review in 9/12

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS  FIT WITH RESTRICTION  TEMPORARY UNFIT  UNFIT

DR. JUDE NNAMDI UGWUJA  
GENERAL PRACTITIONER  
RUSAYL HEALTH CENTRE  
MOH LIC NO 18259

REVIEW/CONSULTATION

Signature:

Date: 26/10/20 Name (Block Capitals): Dr. / Nurse

Signature:

26/10/20 - RBS = 180 mg / 100. Consulted on Compliance & follow up -