

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/  
Forenames

MUHAMMAD HAMZA FIAZ ( 28 yrs )

Nationality

PAKISTANI

Mobile No. 94048149

Home/Leave Address:

Company Number:

1705

Reference Indicator:

DOB - 02/06/1993

Personal Details

A  Male  Female

Married  Single  Separated /Divorced /Widow(er)

Home/Leave Address: LAHORE PAKISTAN

Relationship to employee

Wife  Son

Daughter

No of Children: NA

Reason for Examination (tick as appropriate)

Periodic Medical Examination

Final / Retirement

Other Reason:

Employee only

B Present Job and Location:

DRIVER - HEAVY, TRUCKMAN NIMR

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.

Please answer the following questions and tick 'N' (no) or 'Y' (yes) in the column. If 'Y' Please describe

	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	✓		
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?

✓

**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: 11-07-2021

Signature of Applicant:

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

MOHAMMAD HAMZA FIAZ (28 yrs)

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. 120 80 kg/m <sup>2</sup>	PULSE 90 /mins.	HEARING L N R N	Uncorrected Corrected	DISTANT R L	VISION NEAR R L					
173	74	24.73					6 6	6 6					
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS					N	A					
✓	1. Urinalysis	<p>- Not done</p> <p>- ↑ TG.</p> <p>- Negative</p>					✓	7. Audiogram					
✓	2. Hb, Bloodcount, ESR						8. Lung Function						
✓	3. LFT, RFT, RBS FBS						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.)

- Hypertriglyceridemia [ + TG = 509 mg/dl ], R. advised
- No other physical or mental abnormality found

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS  FIT WITH RESTRICTION  TEMPORARY UNFIT  UNFIT

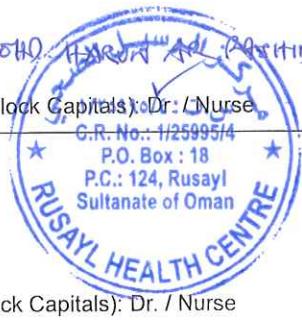
11-07-2021 DR. MOHAMMAD HAMZA FIAZ

Date:

Name (Block Capitals): Dr. / Nurse

Signature:

REVIEW/CONSULTATION



Date:

Name (Block Capitals): Dr. / Nurse

MEDICAL OFFICER

RUSAYL HEALTH CENTRE

MOH LIC NO. 555

Signature: