

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Mobile No. 97172310	Home/Leave Address:	Surname/Forenames KHURRAM ANWAR
		Nationality 37/M/Pakistani
		Company Number: # 1698 Reference Indicator:

Personal Details

A <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced <input type="checkbox"/> Widow(er)
Home/Leave Address:	Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter No of Children: 5

Reason for Examination (tick as appropriate)

Periodic Medical Examination <input checked="" type="checkbox"/>	Final / Retirement <input type="checkbox"/>	Other Reason: <input type="checkbox"/>
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Employee only

B Present Job and Location: HD Driver (Crane) - Niemann	Next Job and Location: HD Driver - Truck Oman
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Are you a registered person with special needs? <input type="checkbox"/>	Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>
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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		<input checked="" type="checkbox"/>	
2	Chest problems like asthma, bronchitis, other bad cough		<input checked="" type="checkbox"/>	
3	Heart abnormality, chest pains		<input checked="" type="checkbox"/>	
4	Abdominal pains, abnormal bowel motions		<input checked="" type="checkbox"/>	
5	Urogenital problems (kidney disease, menstrual disorder)		<input checked="" type="checkbox"/>	
6	Skin trouble or allergies		<input checked="" type="checkbox"/>	
7	Epileptic fits, dizzy spells or migraine		<input checked="" type="checkbox"/>	
8	History of mental illness, depression anxiety		<input checked="" type="checkbox"/>	
9	Diabetes, thyroid disease		<input checked="" type="checkbox"/>	
10	Blood disorder e.g. anaemia, blood cancer e.g. leukaemia		<input checked="" type="checkbox"/>	
11	Any history of accidents or fractures		<input checked="" type="checkbox"/>	
12	Have you had any serious allergies		<input checked="" type="checkbox"/>	
13	Do any dependants have a significant ongoing illness?		<input checked="" type="checkbox"/>	
14	Any family history of cancers		<input checked="" type="checkbox"/>	
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.

9 July 2023

Date: Signature of Applicant: KHURRAM ANWAR



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.	PULSE /mins.	HEARING L (N) R (N)	VISION			
						DISTANT R L	NEAR R L		
165	89	32.7	140 / 90 60 / 130 80	81	Uncorrected Corrected	6/6	4/6	6/6	4/6

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A
✓		1. Urinalysis		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.)

As PENDING : For Blood sugar control. Start metformin 500 mg OD, start diabetic diet. Fup after 2wks, repeat FBS. Obesity, Hypertension suspect, triglyceridemia, slightly elevated liver enzyme without clinical symptoms

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS

FIT WITH RESTRICTION

TEMPORARY UNFIT

UNFIT

18 July 2023

DR. ROMMEL WHIGAMMEL ENDRES
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE

Date:

Name (Block Capitals): Dr. / Nurse

Signature:

REVIEW/CONSULTATION

Ps Start metformin 500 mg BID, torasip 600, Amlodipine 5mg OD; low fat diet, DM diet, monitor weight regularly, exercise. Monthly FBS, monitor BP on weekly to monthly basis, Repeat lipid profile + liver function test after 3 months

Date:

Name (Block Capitals): Dr. / Nurse

Signature:

18 July 2023