

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames		KHURRAM ANWAR (3755)	
Nationality		PAKISTANI	
Mobile No. 97172310	Home/Leave Address:	Company Number: 1698	Reference Indicator:

Personal Details

DOB - 02/02/1984

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)
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Home/Leave Address: SIALKOT PAKISTAN	Relationship to employee <input type="checkbox"/> 1 Wife <input type="checkbox"/> 2 Son <input type="checkbox"/> 3 Daughter	No of Children: 5
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Reason for Examination (tick as appropriate)

Periodic Medical Examination Final / Retirement Other Reason:

Employee only

B Present Job and Location: CRANE OPERATOR	Next Job and Location: TUCKERMAN, ONIME
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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.

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	<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.

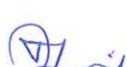
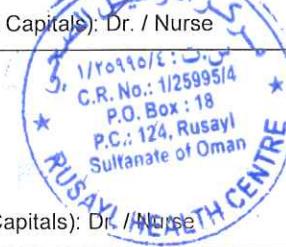
Date: 11-07-2021	Signature of Applicant: Khurram
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FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

KHURRAM R ANWAR (37 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. 130 80 Kg/m ²	PULSE 90 /mins.	HEARING L N R N	DISTANT Uncorrected Corrected	VISION		NEAR	R L	R L	
169	96	33.61				6/6			6/6			
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A					
✓	1. Urinalysis	<p>↑ FBS Not done ↑ TG, ↑ T. Chol - 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.)												
<p>• Open class I [BMI = 33.61 Kg/m²] • T2 DM - newly detected [↑ FBS = 242 mg/dL]. Rx advised. • Dyslipidemia [↑ TG = 292.00, ↑ T. Chol = 243.20 mg/dL]. Rx. advised. • No other physical or mental abnormality found.</p>												
ASSESSMENT AND RECOMMENDATIONS:												
<input checked="" type="checkbox"/> FIT ALL AREAS		<input type="checkbox"/> FIT WITH RESTRICTION		<input type="checkbox"/> TEMPORARY UNFIT		<input type="checkbox"/> UNFIT						
11-07-2021		DR. MOHAMMED HARUN AR RASHID										
Date:		Name (Block Capitals): Dr. / Nurse						Signature:				
REVIEW/CONSULTATION												
												
Date:		Name (Block Capitals): Dr. / Nurse						Signature:				
<div style="border: 1px solid black; padding: 5px; text-align: center;"> DR. MOHAMMED HARUN AR RASHID MEDICAL OFFICER RUSAYL HEALTH CENTRE MOH LIC NO. 555 </div>												