


**ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)**

 <b>RUSAYL HEALTH CENTRE</b> <small>ISO 9001- 2015 Certified Co.</small> PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS		Surname/Forenames		SUBEG SINGH (45 yrs)	
		Nationality		INDIAN	
Mobile No. 94694323		Home/Leave Address:		Company Number: 1723      Reference Indicator:	
<b>Personal Details</b> <span style="float: right;">DOB - 23/05/1976</span>					
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: PANJAB INDIA		Relationship to employee		No of Children: 1	
		<input checked="" type="checkbox"/> Wife <input checked="" type="checkbox"/> Son <input type="checkbox"/> Daughter			
Reason for Examination (tick as appropriate)					
Periodic Medical Examination <input checked="" type="checkbox"/> Final / Retirement <input type="checkbox"/> Other Reason: <input type="checkbox"/>					
<b>Employee only</b>					
B Present Job and Location:		Next Job and Location:			
OPERATOR, TRUCKMAN		NIMR			
Are you a registered person with special needs? <input type="checkbox"/>		Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>			
<b>Previous Medical History:</b> 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 your 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?			✓		
<b>STATEMENT:</b> 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: Subeg Singh					



FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

SUBEG SINGH (45 ym)

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	HEARING	VISION			
162	77	29.34 Kg/m <sup>2</sup>	130 80 mmHg	70 /mins.	L N R N	DISTANT	NEAR		
						R L	R L		
						Uncorrected	Uncorrected		
						Corrected	Corrected		

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis		✓		7. Audiogram
✓		2. Hb, Bloodcount, ESR				8. Lung Function
✓		3. LFT, RFT, RBS FBS				9. Chest X-Ray - Not done
		4. Drug Screen	- Not done	✓		10. ECG
✓		5. Lipids (40 years +)		✓		11. CVS risk for 40 yrs. & above = 2.6%
✓		6. Sick Cell test	- Negative			12. HIV, Hepatitis screening - Not done

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

- Overweight [BMI = 29.34 Kg/m<sup>2</sup>].
- No other physical or mental abnormality found

ASSESSMENT AND RECOMMENDATIONS:

☒ FIT ALL AREAS
 ☐ FIT WITH RESTRICTION
 ☐ TEMPORARY UNFIT
 ☐ UNFIT

11-07-2021

DR. MOHAMMAD HARUN AR RASHID

Date:

Name (Block Capitals): Dr. / Nurse

Signature:

REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr. / Nurse

Signature:



DR. MOHAMMAD HARUN AR RASHID  
 MEDICAL OFFICER  
 RUSAYL HEALTH CENTRE  
 MOH LIC NO. 555