



مركز الرسائل الصحي RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

No. B 09606

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname/ Forenames Abdul Jabbar Musa Rawther		Nationality Indian	
Mobile No 9930607	Home/Leave Address: 2 n219	Company Number: 1736	Reference Indicator:
Personal Details 50y 17 Dec 1971 / 171 - 112 669976			
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:		Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	No of Children: 02
Reason for Examination (tick as appropriate)			
Periodic Medical Examination <input checked="" type="checkbox"/> Final / Retirement <input type="checkbox"/> Other Reason: <input type="checkbox"/>			
Employee only			
B Present Job and Location: HDD		Next Job and Location: NIMV	
Are you a registered person with special needs? <input type="checkbox"/>		Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>	
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 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? <input checked="" type="checkbox"/>			
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: 23/10/2021		Signature of Applicant: [Signature]	





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	HEARING	VISION	
177	81	26	118/84	60/min.	L Normal R Normal	DISTANT R 6/6 L 6/6	NEAR R 6/6 L 6/6
						Uncorrected	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					9. Chest X-Ray
		4. Drug Screen					10. ECG
		5. Lipids (40 years +)					11. CVS risk for 40 yrs. & above
		6. Sickie Cell test					12. HIV, Hepatitis screening
OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)							
A2 rise 2 on 100 fat diet, regular exercise. Station for 03 months, regular FLP after 03 months.							
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							
Date: 23/10/2021 Name (Block Capitals): Dr. / Nurse: DR. SANATH BUDDHIKA PRIYAKANSHAN							
Signature: [Signature]							
REVIEW/CONSULTATION							
Date: Name (Block Capitals): Dr. / Nurse: Signature:							

