

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



Mobile No 9800266		Home/Leave Address: Al Jaser		Surname/Forenames Galeb Maslah Salih, Al Junaid	
Personal Details 27y		D.O.B. 31/12/1994		Nationality Omani	
A <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced /Widow(er)		Company Number: 10309 Reference Indicator: Turkmen	
Home/Leave Address:		<input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter		No of Children:	
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: LDD		Next Job and Location: NIMR			
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	<b>Have you had any serious allergies</b>				
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?					
<p><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.</p>					
28/02/2022		Signature of Applicant:			
Date:		Signature of Applicant:			

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	9									
	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 176	WEIGHT kg 128	BMI 41	B.P. 115 80	PULSE 89 mins.	HEARING L R Uncorrected Corrected	Normal Normal	DISTANT R L	VISION NEAR R L	6/6 6/6	6/6	
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.)

A advise 2 on weight regulation ,  
Regular Exercise

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS

FIT WITH RESTRICTION

TEMPORARY UNFIT

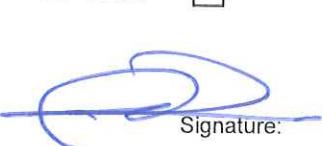
UNFIT

DR. SANATH BUDDHIKA PRYADARSHAN  
GENERAL PRACTITIONER  
RUSAYL HEALTH CENTRE  
MOH LIC NO. 16042

28/02/2022

Date:

Name (Block Capitals): Dr. / Nurse



Signature:

REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr. / Nurse

Signature: