



ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname/ Forenames	Muhammad Mushatir
Nationality	Pakistan
Company Number:	1765
Reference Indicator:	Truckman

Mobile No.	91287664	Home/Leave Address:	Pakistan
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Personal Details	39y	DOB	01.03.1983	ID	113881884
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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			No of Children:	
	<input type="checkbox"/> Wife	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter		

Reason for Examination (tick as appropriate)

Periodic Medical Examination Final / Retirement Other Reason:

Employee only

B Present Job and Location: HDD Next Job and Location: NIMV

Are you a registered person with special needs? Do you belong to any Medical Insurance Scheme?

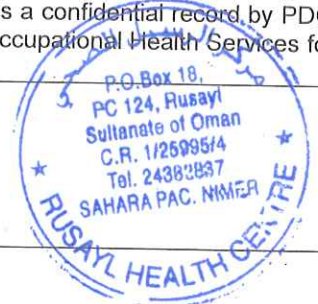
Previous Medical History: All important medical events should be listed and dated at every medical examination. To be completed together with the interviewing Nurses or Doctor who will be able to help by referring to your notes.

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: 23/02/2022 Signature of Applicant: Mushatir



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.

NAD

HEIGHT cm 170	WEIGHT kg 87	BMI 30	B.P. 118 82	PULSE 76 /mins.	HEARING L Normal R Normal	VISION DISTANT R L Uncorrected Corrected 6/6 6/6
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N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A
		1. Urinalysis		
		2. Hb, Bloodcount, ESR		
		3. LFT, RFT, RBS		
		4. Drug Screen		
		5. Lipids (40 years +)		
		6. Sickle Cell test		
		7. Audiogram		
		8. Lung Function		
		9. Chest X-Ray		
		10. ECG		
		11. CVS risk for 40 yrs. & above		
		12. HIV, Hepatitis screening		

TC - 248

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

Advised on weight reduction, low fat diet, regular exercise.

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

23/02/2022

DR. SANATH BUDDHIKA PRIYADARSHAN
 GENERAL PRACTITIONER
 RUSAYL HEALTH CENTRE
 CONTACT NO. 18047

Signature:

REVIEW/CONSULTATION

Date: Name (Block Capitals): Dr. / Nurse

Signature:

