

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 AFZAL BUTT

Nationality

PAKISTANI (ID NO: 105519832)

Mobile No. 91976297

Home/Leave Address:
TRUCK OMAN

Company Number:

Reference Indicator:

AGE: 38 yrs

Personal Details

DOB: 01/01/62

A Male Female

Married Single Separated /Divorced /Widow(er)

Home/Leave Address:

Relationship to employee

Wife Son Daughter

No of Children: 4

Reason for Examination (tick as appropriate)

Periodic Medical Examination

Final / Retirement

Other Reason:

Employee only

B Present Job and Location:

Next Job and Location:

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	/	/	DM
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 you taken in the past?	/	/	Amay 2mg : Dine f 50mg
Do you smoke? If yes, what and how much each day?	/	/	Occasionally
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: 25/10/20

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	
	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. 114 90	PULSE 62 /mins.	HEARING L R (N) R	VISION		
						DISTANT R L	NEAR R L	Uncorrected 6/6 6/6
170	93	32.2						Corrected N/N

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A
	1. Urinalysis	$\text{RBS} = 134 \text{ mg/dL}$ $\text{Triglycerides, } 174 \text{ mg/dL}$		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.)

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

DR. JUDE NNAMDI UGWUJA
GENERAL PRACTITIONER
RHSAYI HEALTH CENTRE
apitals). Dr. / Nurse
MOH LIC NO 18259

Date: 28/10/20 Name (Block Capitals): DR. / Nurse: RUSAYL H...

Signature:

REVIEW/CONSULTATION

28/08/20 - Tmt is Negative for Stress Induced 15 changes.

Date

Name (Block Capitals) Dr. / Nurse

Signature: