مركز الرسيل الصحي
RHC RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

No. B 07076

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)

RHC RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames	Gurjant Singh
Nationality	Indian Turkoman
Mobile No: 95626659 / Home/Leave Address: Ibra	Company Number: 1800 Reference Indicator:
Personal Details: 30y / DoB: 20.06.1991 / ID-100751686	
A ☑ Male ☐ Female	☑ Married ☐ Single ☐ Separated /Divorced /Widow(er)
Home/Leave Address:	Relationship to employee ☐ Wife ☐ Son ☐ Daughter / No of Children: 01

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: Nimr
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?		✓	

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: 05/06/2021 **Signature of Applicant:** Gurjant Singh

P.O.Box 18, PC 124, Rusayl, Sultanate of Oman, C.R. 1/25095/4, Tel. 24502637, SAHARA PAC. NIMER, RUSAYL HEALTH CENTRE

مركز الرسيل الصحي
RHC RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

No. B 07076

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

N	A	N = Normal A = Abnormal (please describe)	PHYSICAL EXAMINATION
✓		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	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION			
						DISTANT		NEAR	
						R	L	R	L
167	54	19.4	118/81	64 /mins.	L Normal R Normal	Uncorrected Corrected	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.)

NAD

ASSESSMENT AND RECOMMENDATIONS:

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

05/06/2021

Date: Name (Block Capitals): Dr. / Nurse DR. SANATH BUDDHIKA PRIYADARSHAN GENERAL PRACTITIONER RUSAYL HEALTH CENTRE MOH LIC NO. 16042 Signature:

مركز الرسيل الصحي P.O.Box 18, PC 124, Rusayl Sultanate of Oman C.R. 1/25935/4 Tel. 24302837 SAHARA PAC. NIMER RUSAYL HEALTH CENTRE

REVIEW/CONSULTATION

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