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

1577

No. B 09766

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)

RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames	RAMACHANDRAN GIRISH THUVAKKA
Nationality	INDIAN
Mobile No. 96654965	Home/Leave Address:
Company Number: 1577	Reference Indicator:

Personal Details CIVIL ID 105916232

A ☑ Male ☐ Female ☑ Married ☐ Single ☐ Separated /Divorced /Widow(er)

Home/Leave Address:

Relationship to employee ☐ Wife ☐ Son ☐ Daughter

No of Children: 1

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☑ Final / Retirement ☐ Other Reason: ☐

Employee only

B Present Job and Location: ~~HELPER~~ TRUCK DRIVER, HATMA

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	✓		
9	Diabetes, thyroid disease		✓	On Glimpride/Metform 500mg OD
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: 05/12/2021 **Signature of Applicant:** Girish

DR. CHIEMEKA NDUKA EKEJIKE
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 19795

مركز الرسيل الصحي
س.ت: ١/٢٥٩٩٥/٤
C.R. No.: 1/25995/4
P.O. Box : 18
P.C.: 124, Rusayl
Sultanate of Oman
RUSAYL HEALTH CENTRE

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RHC RUSAYL HEALTH CENTRE
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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	Pupils equally react to light
✓		2. E.N.T.	No ear pain
		3. Teeth & Mouth	NO dental caries
✓		4. Lungs & Chest	Vesicular air breath sound
✓		5. Cardiovascular System	1st and 2nd heart sound only
✓		6. Abdo. Viscera	NO palpable organomegaly
✓		7. Hernial Orifices	Normal
✓		8. Anus & Rectum	Normal
✓		9. Genito-urinary	Normal
✓		10. Extremities	Symetrical
✓		11. Musculo-skeletal	NO [illegible] or swelling
✓		12. Skin & Varicose Vns.	No rash
✓		13. C.N.S.	well oriented

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE /mins.	HEARING	VISION
162	73	27.8	115/79	69	L (N) R (N)	DISTANT R 6/6 L 6/6; NEAR R 6/6 L; Uncorrected; Corrected

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
	✓	1. Urinalysis	Framghan-3.9%			7. Audiogram
✓		2. Hb, Bloodcount, ESR	ECG — Normal			8. Lung Function
	✓	3. LFT, RFT, RBS	Urinalysis — It			9. Chest X-Ray
		4. Drug Screen	Tot-chol — 250↑	✓		10. ECG
	✓	5. Lipids (40 years +)	LDL — 157↑			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.)

mild dyslipidemia
overweight
High blood sugar

ASSESSMENT AND RECOMMENDATIONS:

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

Date: 05/12/2024 Name (Block Capitals): Dr. / Nurse CHIEMEKA Signature:

REVIEW/CONSULTATION

Torvastatin is Commended
Exercise
Good diet
↑ met formin/Glipride to Soon
Recheck FBS in 1 month

Date: 05/12/2024 Name (Block Capitals): Dr. / Nurse CHIEMEKA Signature:

DR. CHIEMEKA NWUKA EMENE
GENERAL PRACTITIONER
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